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ABSTRACT

The Final Report of the Task Force on Responsible Decisions About Alcohol is comprised of three booklets. Booklet 1 contains a history of the Education Commission of the States (ECS) and the formation of the ECS Task Force on Responsible Decisions About Alcohol. The goals and objectives of the task force are defined as they relate to approaches designed to prevent alcohol-related problems. Booklet 2 describes the need for a national policy on responsible alcohol use and nonuse and defines task force recommendations for its development and implementation. Normative (laws and regulations) and educational approaches for preventing alcohol misuse are discussed, as well as potential roles for society's total educational system in helping to equip people with skills for making responsible decisions about alcohol. Booklet 3 describes the changes needed to reduce alcohol-related problems--changes in the way services are delivered, in people's attitudes toward the use and nonuse of alcohol and, ultimately, in their behaviors. It identifies many of the issues that must be addressed to implement an effective system for the delivery of primary preventive educational services. Elements to be included in any comprehensive integrated delivery system are described. Some administrative structures that might be appropriate for state and local prevention efforts are also presented. (Author/SPT)

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TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

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Final Report
(A Summary)

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1

Summary of Booklet I - This booklet contains a history of the Education Commission of the States (ECS) and the formation of the ECS Task Force on Responsible Decisions About Alcohol. The goals and objectives of the task force are defined as they relate to approaches designed to prevent alcohol-related problems. These goals and objectives include the identification of public policy recommendations that support and reinforce the delivery of preventive educational services and the practicing of responsible decisions about alcohol.

2

Summary of Booklet II - This booklet describes the need for a national policy on responsible alcohol use and nonuse and defines task force recommendations for its development and implementation. These recommendations are based on five major findings. Normative (laws and regulations) and educational approaches for preventing alcohol misuse are discussed, as well as potential roles for society's total educational system in helping to equip people with skills for making responsible decisions about alcohol. Thirty behaviors are identified which, if practiced, are indicative of one's having made such responsible decisions.

3

Summary of Booklet III - This booklet describes the changes needed to reduce alcohol-related problems — changes in the way services are delivered, in people's attitudes toward the use and nonuse of alcohol and, ultimately, in their behaviors. It identifies many of the issues that must be addressed to implement an effective system for the delivery of primary preventive educational serivces. Elements to be included in any comprehensive, integrated delivery system are described. Some administrative structures that might be appropriate for state and local prevention efforts are also presented.

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TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

Final Report Booklet 1

(A Summary)

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Booklet 1

Section One: A COMPACT FOR EDUCATION. A description of the Education Commission of the States and the principles behind the Compact for Education.
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Section Four: TASK FORCE PROCESS AND RESULTS. A description of the work of the Education Commission of the States Task Force on Responsible Decisions About Alcohol. Also included in this section is an overview of the findings of the task force.
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Acknowledgments

The members of the task force wish to express our gratitude to the many individuals who shared with us their insights, experiences, frustrations and recommendations regarding the prevention of alcohol-related problems. Such a cross-section of federal, state and local representation has enabled us to identify a course of preventive action that we believe to be feasible and implementable.

We would particularly like to recognize the following for their contributions to our efforts over the past three years.

Federal Leadership. Honorable William D. Hathaway, Honorable Harold E. Hughes and Honorable Paul G. Rogers; House and Senate committees and subcommittees that have addressed the need for legislation to prevent alcohol misuse; and the National Institute on Alcohol Abuse and Alcoholism, and especially Ernest P. Noble, Ph.D., M.D., director; John A. Deering, deputy director; Edward S. Sands, special assistant to the director of the Division of Prevention; Morris E. Chafetz, M.D., past director and currently director, Health Education Foundation; and Donald G. Phelps, former director of the Division of Prevention.

Chief Executives in whose states our task force meetings and working conferences were held: Honorable Reubin O'D. Askew, governor of Florida; Honorable Christopher S. Bond, former governor of Missouri; Honorable Dolph Briscoe, governor of Texas; Honorable George D. Busbee, governor of Georgia; Honorable Raul H. Castro, governor of Arizona; Honorable Winfield Dunn, former governor of Tennessee; Honorable Daniel J. Evans, former governor of Washington; Honorable Bruce King, former governor of New Mexico; Honorable Cyril E. King, governor of the Virgin Islands; Honorable Richard D. Lamm, governor of Colorado; Honorable James B. Longley, governor of Maine; and Honorable Ronald Reagan, former governor of California.

Presentors and Resource Personnel for our meetings: James A. Alford, M.D., former chief, Bureau of Alcoholic Rehabilitation, Tallahassee, Florida; Selden D. Bacon, past director, Center of Alcohol Studies, Rutgers — The State University; Vern M. Boxell, senior vice president, Hill and Knowlton, Inc.; G. Nicholas Braucht, assistant professor, Psychology Department, University of Denver; Don Cahalan, professor of Behavioral Sciences in residence, University of California at Berkeley; Marriner P. Cardon, attorney-at-law and chairman, Citizens Alcohol Safety Advisory Committee, Phoenix, Arizona; J. Crawford Cook, president, and William F. Spann, vice president for creative services, of Cook, Ruef, Spann and Company; Jan de Lint, senior scientist, Addiction Research Foundation, Toronto, Canada; John A. DeLuca, president, Wine Institute; Joseph S. Dolan, former senior program manager, U.S. Jaycees; Louise B. Dooley-Vance, director, Division of Crime Prevention and Drug Education, Texas Education Agency; Richard J. Driver, associate professor, Center of Alcohol Studies, Rutgers — The State University; Moya G. Easterling, project director, Phoenix Alcohol Safety Action Project; Roy H. Forbes, project director, National Assessment of Educational Progress, ECS; Joseph R. Gusfield, professor of Sociology, University of California at San Diego; Robert L. Hammond, executive director, American Business Men's Research Foundation; Andrew G. Hanners, executive director, Oregon Council on Alcohol Problems; Malcolm

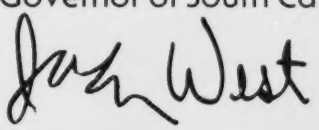
E. Harris, president, and Sam D. Chilcote Jr., executive vice president, Distilled Spirits Council of the United States, Inc.; Robert L. Holland, chief, Health, Physical Education and Recreation Section, Ohio Department of Education, Columbus; Henry B. King, president, United States Brewers Association, Inc.; David H. Knott, M.D., Ph.D., assistant superintendent, Research and Training, and medical director, Alcohol and Drug Dependent Clinic, Tennessee Psychiatric Hospital and Institute; Michael L. Lauderdale, director of Continuing Education, School of Social Work, University of Texas, Austin; William J. McCord, director, South Carolina Commission on Alcoholism and former president, Alcohol and Drug Problems Association of North America; John A. McDonald, former director of State Support Programs, Texas Commission on Alcoholism; Harold Mendelsohn, professor and chairman, Department of Mass Communications, School of Communications Arts, University of Denver; Bob Moore, executive director, American Indian Commission on Alcoholism and Drug Abuse; Carl J. Nickerson, supervisor, Health Education Program, Office of Superintendent of Public Instruction, Washington, and his colleagues; Horace G. Ogden, director, Bureau of Health Education, Department of Health, Education and Welfare; E. Mansell Pattison, M.D., deputy director of training, Orange County Department of Mental Health, Santa Ana, California; Honorable William N. Plymat, state senator (Iowa) and chairman of the Board, Preferred Risk Mutual Insurance Company; Shirley E. Rose, project coordinator, Harris County Department of Education, Houston, Texas; Peter Shiøler, M.S.C., chief consultant, Danish Ministry of Education on Narcotics Problems, Copenhagen; Harry G. Serlis, past president, Wine Institute; Jon B. Shoop, director, Harris County Department of Education; Karen L. Stone, founder of Nueva Learning Center, and Harold Q. Dillehunt, co-developers, Nueva Self-Sciencing Program; Robert Straus, professor and chairman, Department of Behavioral Science, College of Medicine, Lexington, Kentucky; Len Tritsch, past president, Association for the Advancement of Health Education; Charles Watson, director, Narcotics Education, Inc.; J. Peter Williams Jr., attorney-at-law, Austin, Texas, and director, School Law Code Project, ECS; Madelyn H. Wills, former president, Louisiana Parent-Teachers Association; and the Rev. David Albert Works, president, North Conway Institute.

Also, we extend our appreciation to members of the North American Congress on Alcohol and Drug Problems, chaired by Honorable Harold E. Hughes; to the National School Boards Association, Philip B. Swain, past president; to the Alcohol Beverage Industries Advisory Committee including Malcolm E. Harris, chairman of the committee, Henry B. King and John A. De Luca; and to Harry G. Serlis, former chairman of the committee.

To the many public and private organizations, associations and agencies, researchers, program developers and deliverers, and concerned citizens with whom we have met, we extend our appreciation and offer encouragement for what is yet to be done in the field.

And finally, to Governor Askew; Honorable David Hall, former governor of Oklahoma; Honorable Arch A. Moore Jr., former governor of West Virginia, and Honorable Jerry Apodaca, governor of New Mexico, we express our deepest appreciation for having had the opportunity to work with the Education Commission of the States under their chairmanship.

John C. West
Former Governor of South Carolina



Citizens of States that participated in our conferences:

Southeastern Regional Working Conference, Knoxville, Tennessee

Alabama
Arkansas
Florida
Georgia
Kentucky
Louisiana
Mississippi
North Carolina
Oklahoma
South Carolina
Tennessee
Texas

Chairman:
Mildred Doyle, former superintendent, Knox County School System, Tennessee

Abstinence Working Conference, Brunswick, Maine

Chairman:
Robert L. Hammond

National Association of State Boards of Education Working Conferences, St. Croix, Virgin Islands and Phoenix, Arizona

Robert H. McBride former president; and Wesley Apker, executive secretary

Western Regional Working Conference, Long Beach, California

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Chairpersons:
Donald A. McCune, former director, California State Department of Education Drug and Alcohol Training Program; and James S. Lindberg, former coordinator, Alcohol Education Project

Abstinence Working Conference, Dallas, Texas

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From a "Compact for Education" Comes a Challenge to Form National Policy on the Use or Nonuse of Alcoholic Beverages

Every year states, local communities and the federal government spend millions of dollars to provide the children of our nation an opportunity to receive a decent education. Countless other groups, organizations and individuals make similar contributions — all with the purpose of improving the educational preparation Americans receive.

Although it has long been the policy of our national and state governments to assure educational opportunities, that policy often takes many diverse forms. The growing complexities of the world around us and the ever increasing volume of knowledge that can be employed to improve life's opportunities have made it difficult for all those involved in education to agree to common priorities. Even the federal government, which during the last two decades has vastly increased its role in the educational process, has found it difficult to set national policy in this complex field.

In 1964 Dr. James Conant, president emeritus of Harvard University, wrote a book critiquing the overall policy-making framework for education in the United States. **Shaping Educational Policy** noted the inability of the federal government to set nationwide policy. Conant suggested that the states join forces to form an interstate commission to explore common concerns and identify ways of improving education.

Despite the major contributions made to education by the federal government, local and state governments still retain the overall policy-making authority for the public schools and have a great deal of influence on many of the other educational institutions that play a part in preparing the American people to deal with life's problems and challenges.

The concept of states working together, sharing information, and contributing to setting goals and priorities gained widespread support among educators and political leaders and led to the development of the Education Commission of the States (ECS). Established in 1966, ECS continues to provide a unique approach to the nation's educational problems and offers a means for representing state needs and priorities to the federal government. Moreover, ECS has become a forum for those individuals who have great influence in directing the educational process to come together, share information and reach new agreements for common policy and direction.

The uniqueness of the organization — and its potential as a source of strength — are reflected in its organizational structure. States and territories join the commission by having their legislatures ratify the "Compact for Education." Each member makes a yearly appropriation to support the commission's work; this revenue is supplemented by federal and foundation grants and contracts for specific projects.

Seven representatives from each member state constitute the operating body of the commission, which has a staff of over 180 persons in its Denver offices. The seven commissioners include the governor, two members of the state legislature selected by the respective houses and four persons selected by the governor. All commissioners meet annually to review their educational concerns and set ECS policy directions. One commissioner from

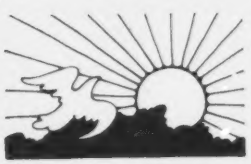
Measure
when
you mix.

each state serves on a steering committee, which is responsible for directing the commission's work between annual meetings.

The commission is organized into six departments: Elementary / Secondary Education, Postsecondary Education, Research and Information, Communications, Planning and Development, and Administrative Services. The departments administer numerous projects covering a wide range of educational issues. Such projects have included early childhood development, postsecondary planning, school finance, equal rights for women in education, correctional education and alcohol misuse prevention.

The growth of ECS from an idea to a reality encompassing an administrative structure that responds to the needs of a wide variety of educational concerns is proof of the continuing desire of those involved in the educational process to search for and agree upon common principles, goals and policies. ECS has served as a vehicle through which those intimately involved in the total educational process can come together and form their own agreements based on the goals of the "Compact for Education."

The Goals of the "Compact for Education"



All programs of the commission are designed to implement the major goals of the "Compact for Education," which commits the organization to

- Establish and maintain close cooperation and understanding among executive, legislative, professional and lay leadership at state and local levels on a nationwide basis.
- Provide a forum for discussion, development, crystallization and recommendation of public policy alternatives in education.
- Provide an information clearinghouse on educational matters throughout the nation.
- Facilitate the improvement of state and local educational systems.
- Encourage, foster and conduct research in education.
- Formulate alternative policies and plans to improve education and make them available to appropriate agencies and officials.
- Provide information and make recommendations to the federal government concerning the states' common educational policies.

From the "Compact for Education" Came a Search for a Better Life Free from the Problems Created by the Abuse of Alcoholic Beverages

One of the most obvious challenges that ECS faces is contributing to finding solutions to the complex problems that face modern Americans. The total educational process plays a vital role in how well Americans are able to deal with these complexities, examine alternatives and reach responsible decisions.

One problem of daily living that has long troubled the American people centers around the misuse of alcoholic beverages. Throughout our history, the challenge of developing public policy regarding alcohol has confronted our government and our people. It is the only topic that has been the subject of two Constitutional amendments (18th and 21st).

The 18th Amendment, which attempted to prevent alcohol problems through legislation and law enforcement by controlling the production,

"Know your own safe limits."

distribution and sale of alcoholic beverages, was repealed in 1933. Repeal returned legal control of alcoholic beverages to the state; since that time, no clear national policy regarding alcoholic beverages has been developed. The absence of agreement regarding national policy-setting guidelines for the use or nonuse of alcoholic beverages does not suggest, however, a lack of concern or a disinterest in alcohol use or in problems attributed to alcohol misuse.

The period following repeal may be viewed as a time of awakening public awareness. During the period 1933-1960, many conscientious individuals and organizations stepped forth to contribute to finding solutions to problems involving alcohol misuse. Some of the highlights of that period include

- The founding of Alcoholics Anonymous, which demonstrated that people with drinking problems can be helped.
- The founding of the Yale Center of Alcohol Studies (now transferred to Rutgers University), which sought scientific understanding and provided a body of knowledge about alcohol problems and alcoholism.
- The enactment of legislation by state legislatures, creating state alcoholism programs that provided treatment and educational services.
- The founding of the National Council on Alcoholism (NCA), a national voluntary agency, which promoted the concept that alcoholism is a treatable disease. NCA has led the voluntary alcoholism movement and promotes its growth through the development of local and state voluntary alcoholism associations.
- The formation of the National States Conference on Alcoholism for the purpose of sharing information among state alcoholism programs and strengthening these efforts.
- The proclamation in 1958 by the Secretary of Health, Education and Welfare that alcohol problems were a health-related concern, the solutions to which merited the attention and energies of the American nation.

The period of years since 1960 may be viewed as the stage of growing federal awareness. Some of this period's highlights include the following:

- The Secretary of Health, Education and Welfare created an Interdepartmental Committee on Alcoholism.
- The North American Association of Alcoholism Programs (formerly the National States Conference on Alcoholism, now the Alcohol and Drug Problems Association) became, in cooperation with NCA and other groups, the focal point of a concentrated thrust to gain federal commitment and support.
- The Veterans Administration, through administrative order, mandated that alcoholism be treated in Veterans Administration hospitals.
- Federal court decisions of 1966 decriminalized public drunkenness in Virginia and West Virginia, North and South Carolina, Maryland and the District of Columbia.
- The first congressional legislation specifically mentioning alcoholism required the Department of Transportation to establish and direct an effort that focused on highway safety through the Alcohol Safety Action Projects.
- President Johnson created the National Center for the Prevention and Control of Alcoholism in 1966, the forerunner of what is today the National Institute on Alcohol Abuse and Alcoholism.
- Provisions for alcoholism care were

At your parties,
provide an alternative
to drinking.

enacted during the mid-1960s in the Law Enforcement Assistance Act, Model Cities Act, Office of Economic Opportunity and others.

- The Cooperative Commission on the Study of Alcoholism released its report on alcohol problems, calling for a comprehensive approach.
- President Johnson signed the Alcoholic Rehabilitation Act into law in October 1968.
- The National Council of Churches and the North Conway Institute responded to the Cooperative Commission Report, supporting its thrust and reflecting significant changes in denominational approaches.
- The Congress enacted the Comprehensive Alcohol Abuse and Alcoholism Act of 1970, establishing the National Institute on Alcohol Abuse and Alcoholism and requiring states to designate alcoholism authorities to administer federal assistance to states. This act pulled together all existing alcoholism and alcohol abuse legislation, expanded it in many areas, and gave it higher priority and higher organizational status, while providing a focal point for all federal activity in this area of concern.
- The Uniform Act, decriminalizing alcoholism and mandating a comprehensive continuum of care, has been adopted in more than half the states and is under consideration in an increasing number of the remaining states.
- The Congress enacted amendments to the Comprehensive Act in 1974 and 1976, organizationally upgrading and extending the National Institute on Alcohol Abuse and Alcoholism and providing incentive grants to states that adopt the Uniform Act, decriminalizing public drunkenness and instituting comprehensive programs.

Throughout the entire four-decade period, the emphasis naturally has been on treatment and rehabilitation. Great strides have been made to encourage the recognition of alcoholism as a treatable illness, and services for alcoholic persons have been greatly expanded. During the past few years, however, concern for the prevention of alcohol misuse has emerged. There is a growing awareness that many alcohol-related problems can be avoided if people will learn to make responsible decisions regarding the nonuse and use of alcoholic beverages.

During the 1960s, the need for the prevention of alcohol- and other drug-related problems became increasingly apparent. The growing number of Americans who were unprepared to deal with the problems of drug abuse and the alternative lifestyles generated by growing drug cultures captured the concern of many of our nation's leaders, educators and citizens.

At the 1970 annual meeting of ECS, the commissioners accepted an important role in examining the growing drug problem. They agreed to call on the many resources at their disposal to help create a workable and meaningful proposal for national policy to deal with the learning process as it affects decisions about drugs. A formal resolution was passed by the commission requesting that special attention be given to drug abuse prevention. At that time a great deal of information had saturated the country about the abuse of drugs, yet the problem continued to increase. ECS responded and moved forward to create a framework that produced proposals to prevent alcohol abuse.

In developing a perspective on drug abuse, and particularly the problems of alcohol misuse and alcoholism, ECS de-

termined there was not enough emphasis on prevention. Agreement was reached that treatment of alcohol-related problems after they occur constitutes essentially a defensive posture. It was further determined that a major contribution to relieving the problems caused by alcohol abuse and alcoholism might be achieved by studying the societal factors that cause people to drink or abstain and by presenting alternatives that would reduce the misuse of alcohol as a means of coping with society's pressures.

ECS and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed a partnership in 1973 and formed the ECS Task Force on Responsible Decisions About Alcohol to respond to alcohol-related issues. The task force reached early agreement on several points:

- No national policy or state policy currently exists defining the proper use or nonuse of alcoholic beverages or the role the educational process should play in advancing responsible decision making regarding alcohol.
- There are two responsible decisions a person can make about alcohol: either not to use it or to use it responsibly.
- The educational process has a major role to play in assisting people to learn how these responsible decisions can be made.
- Previous educational approaches have been too limited and narrow in scope.

The structure of the task force and selection of its early activities were critical to achieving its purpose. To provide many perspectives in viewing the issues, the task force was chosen from a broad cross section of leadership throughout the nation. Areas of interest and expertise represented by task force members include political and educational leadership, voluntary organizations, religion, the military, the alcohol beverage industries, business/industry/labor, the communications industry and others. John C. West, then governor of South Carolina, accepted the chairmanship; Bennett D. Katz, state senator from Maine, became vice chairman.

The task force agreed that, by finding a relationship between alcohol abuse and alcoholism and the daily lives of Americans, it could provide the kind of information from which realistic and effective prevention programs could be built. One key to reducing the negative effects of alcohol misuse is to determine what makes some individuals turn to alcohol during the course of a normal day.

As the task force set out to develop realistic strategies to prevent alcohol-related problems, it was understood that the challenge was a difficult one. Some research was already under way, but far more complete and comprehensive information was needed before substantial progress could be made.

Alcohol misuse, like other drug abuse, is a complex problem. The solution of the problem has often been impeded by failure to understand how many factors contribute to its creation. For a long time alcoholism was thought to be a limited and special type of problem; for the most part, society preferred to ignore its existence or, at best, to give it low priority among social needs. But the growing awareness that alcoholism is drinking that causes a continuing problem in any aspect of an individual's life has contributed to increasing the priority now being given to alcohol misuse prevention efforts.

In recent years, in particular, new attitudes, as well as the reported growth of drug abuse in general, have focused

much needed attention on alcohol-related problems. Curiosity and concern are quickly replacing what was once disdain and disregard. Under these new conditions, society can better attempt to evaluate the factors that contribute to alcohol misuse and to determine realistically what forces may be brought to bear to reduce the potential for alcohol use-related harm. The problem has been identified and is admittedly complex.

At its first meeting in December 1973, the ECS Task Force on Responsible Decisions About Alcohol identified five major goals:

1. Identification of effective programs that deal with and try to prevent alcohol-related problems in the context of daily living experiences.
2. Identification and improvement of delivery systems so that community-based institutions and individuals, as well as the formal educational system, can become involved in the prevention process.
3. Improvement of present research efforts and reorientation of these efforts consistent with task force findings.
4. Presentation to the states of alternative ways to develop and implement effective prevention programs.
5. Notification of the public in general and the decision-making leadership in particular to new approaches being identified by task force inquiries and activities.

The Task Force Process and Results

In addition to its own broad-based membership, the task force called upon researchers, members of the business community, legislators, educators, parents, young people, volunteers and many others who have a direct interest in preventing alcohol-related problems in nine working conferences across the nation, along with other sources of research and testimony. The task force determined that individuals and organizations are willing to participate in and commit their resources to the effort.

Representatives of the southeastern and western states and territories were also involved in regional working conferences. These meetings produced a general overview of the problem, some proposed solutions and an open exchange of ideas that guided the task force in defining its recommendations. Special conferences to gain additional perspective were held with abstinence leaders, the National Association of State Boards of Education, the National School Boards Association, the North American Congress on Alcohol and Drug Problems, and the Alcohol and Drug Problems Association of North America. Task force members and staff also participated in numerous meetings with state, national and local agencies, associations and organizations to gain insight into how the total educational system might help with the prevention process.

From information gained at these meetings, from the literature and from formal and informal discussions, the task force prepared four interim reports of its findings and recommendations. These reports were prepared both in detailed form (as technical documents) and in summary form and were distributed to approximately 20,000 individuals.

The interim reports include:

Report #1. Describes goals and presents preliminary findings (e.g., that alcohol abuse and alcoholism have a direct relationship to daily living exper-

iences). Indicates that prevention of these problems is the responsibility of the total educational system, including private and public schools, the family, peer and reference groups, mass media, business and industry, governmental and volunteer agencies, religious organizations and others.

Report #2. Defines two reasonable decisions one can make about beverage alcohol — either not to drink or to drink responsibly. Defines attitudes and behaviors that can be developed to help make these decisions. Points out that, while the decisions themselves may appear to be simple, the questions of how to reach them, understand them and live with them are complex and challenging.

Also includes some key issues that should help develop a more responsible public policy toward alcohol. Presents a series of programs developed by the task force for consideration by those in positions to influence public policy — programs that strongly recommend the adoption of approaches to alcohol that emphasize responsible decision making, including accompanying acceptable behaviors, to improve our quality of life.

Includes policy statements intended to assist governors, legislators, state agency heads, community leaders and representatives of the alcohol beverage industries in creating greater awareness of responsible behaviors about alcohol.

Report #3. Deals with educational services the task force believes may help individuals to choose appropriate responses and exhibit accompanying responsible behaviors about alcohol throughout their lives, including programs to develop information, encourage healthy attitudes and develop individual skills necessary for reaching and exercising decisions about alcohol. Concludes that skill development programs, utilizing information and attitudes in the development of decision-making skills, should receive major emphasis in designing primary preventive educational services.

Report #4. Examines approaches to the prevention of alcohol-related problems. Presents both educational and normative (laws, regulations and customs) approaches. Contains information that can provide direction for states and communities as they plan for the delivery of primary preventive educational services; includes descriptions of each of the elements of a delivery system and recommendations from the task force on some of the issues that will have significant impact on the results expected from the delivery of these services.

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Additional information on the historical perspective of task force activities may be obtained by ordering interim report technical documents of the task force on the form contained in this folder.

Education Commission of the States

The Education Commission of the States is a nonprofit organization formed by interstate compact in 1966. Forty-five states, Puerto Rico and the Virgin Islands are now members. Its goal is to further a working relationship among governors, state legislators and educators for the improvement of education. This report is an outcome of one of many Commission undertakings at all levels of education. The Commission offices are located at 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80295.

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TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

Final Report Booklet 2 (A Summary)

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Booklet 2

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1 Alcohol abuse and alcoholism have a direct relationship to daily living experiences.
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3 Existing prevention services designed to reduce alcohol misuse have limited effectiveness because of their narrow focus.
4 Efforts to establish an effective mechanism to prevent alcohol-related problems have fallen short because the focus of the efforts has been too narrow and the target areas have been too restricted. There has also been a lack of coordination and integration among those involved in seeking solutions to alcohol-related problems.
5 If we expect alcohol-related problems to be significantly reduced over the long term, public policies that encourage appropriate attitudes and skills must be developed and implemented now.

Section Four: MEMORANDA. A series of policy statements for adoption by business, industry, labor, government, the alcohol beverage industries, volunteer and professional groups are also in this section.
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Creation of a National Policy on Responsible Decisions About Alcohol

Throughout the history of our nation, we have consistently set national policies and goals and developed rules, regulations and programs to encourage the adoption of those policies and goals by every American. For example, in the last century a public policy evolved that every child should have the opportunity to learn to read, write and receive a basic education. Over the years that policy has become a part of the American way of life. It did not, however, become a goal for every American without a comprehensive effort to change our attitudes toward education and to develop delivery systems that resulted in policy becoming reality.

As a nation, we have learned to give education a high priority. We have made education a positive and desirable goal for every child, where once it had been a desirable goal for only a handful of privileged children. We have reinforced this public policy with laws and rules that require that every child have the opportunity to receive an education and, more recently, that every child receive equal educational opportunity. The norms (or rules, regulations and laws, both formal and informal, of our nation and our people) are now dedicated toward this end.

We have also developed services (programs) and delivery systems to make the goals of educational opportunity possible and achievable. We have built schools, both public and private, and have educated people to operate those schools. We have developed specific programs at every level of government to assure that it is possible for all children to receive an education. We have encouraged the mass media to place a high priority on education and, in some cases, required that they set up a part of their programming to advance education.

We have encouraged other groups and organizations to become involved in the educational process. Today many peer and reference groups place a high priority on educational skills; some, such as the American Legion and Rotary Clubs, sponsor debates that reward these special skills. Civic organizations often give scholarships as a reward to those individuals who place a high personal priority on education. Religious organizations have built schools and colleges and developed programs to advance the goals of educational opportunity. Literally, every facet of our lives has been touched by the accepted public policy that education is desirable.

We have also developed ways to evaluate our success in achieving educational opportunities, both locally and nationally. Numerous programs have been implemented to measure the feedback of those involved in the educational process. We have consistently endeavored to bring new knowledge to bear in improving the quality of educational opportunities offered our children. The creation of the Education Commission of the States (ECS) itself is an example of our efforts to share new knowledge and measure the value of new ideas.

In short, we have set a national policy that education is desirable, and we have involved every facet of our day-to-day life in reinforcing that policy. Sometimes we have achieved great success; at other times we have experienced failures and setbacks — but there is no escaping the fact that our progress has been remarkable and that today's American child has access to a wider variety of educational opportunities than any other child in history.

No such public policy or defined goal has evolved, however, regarding the use or nonuse of beverage alcohol. In line with the ECS "Compact for Education" a special task force was formed to determine if such a policy could be arrived at and what it would take to implement that policy. Our only previous attempt to develop policy in this area came with the passage of prohibition. It was a policy that relied solely on the instrumentation of the law to effect change and perhaps could never involve the total approach that marks the basis for our success in the field of offering educational opportunities to our children. It was a program that sought to do, by laws alone, that which has to be done through changing attitudes, learning skills and developing methods of reinforcement.

In the absence of any comprehensive effort to develop a rational approach to this facet of our lives, we are squandering much of America's human and financial resources. The day-to-day misuse of alcohol jeopardizes the health and happiness of millions of Americans. The cost of treating the symptoms of alcoholism weighs heavily on every taxpayer. Business, industry and government annually lose billions of dollars as a result of alcohol misuse. The effects of alcohol misuse are both obvious and expensive. Treating the alcohol-related problems that beset our nation is a challenge that demands attention.

This is a challenge that has been accepted by the Education Commission of the States through its Task Force on Responsible Decisions About Alcohol. For three years, the task force has examined different public policy alternatives which, if adopted, suggest that our problems relating to the misuse of beverage alcohol would be reduced.

The Task Force on Responsible Decisions About Alcohol Moves Toward a National Policy on Alcohol Use and Nonuse

It is the conclusion of the task force that only two decisions exist that will result in the reduction of the incidence of alcohol-related problems. The first decision that can be reached is that the individual may choose not to drink.

A responsible decision for abstinence should be just that — a **decision**. There are some who do not use alcohol, yet they have never made a conscious decision about alcohol. They may follow a family custom or merely adopt the lifestyle of those in their circle of friends. These people may have difficulty when they leave their families to attend college, serve in the military or otherwise depart from an abstinence-oriented environment.

Although fear of alcohol problems may be involved in a responsible decision to abstain, fear is seldom a sufficient motivation. A responsible decision for alcohol nonuse involves more positive than negative reasons.

Responsible abstinence should involve conscious decision making, not merely a drifting or a "following of the crowd." The decision not to drink may be based on a wide range of reasons. Some people opt for abstinence for personal reasons; they may not care for either the taste or the effects of alcohol. Others may choose to abstain from alcohol for religious reasons. Still others may feel it important to establish an example of abstinence for people whose alcohol use might be harmful.

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Cultural, social and family patterns may also become major reasons why some choose not to drink. When this is the case, a responsible abstinence decision would recognize which factors were influential in helping the individual to make a decision not to drink. People may choose not to drink prior to situations requiring the use of maximum physical and mental capabilities.

The task force also recognizes that certain individuals are so sensitive to the use of alcohol that the most responsible decision they can reach is to abstain from its use. This is particularly true for those individuals whose reaction to alcohol results in alcoholism.

Regardless of what reasons are involved, those who choose not to drink alcohol should do so freely without pressure or duress. Further, they should not attempt to impose that decision or the values surrounding the decision on others. A willingness to work with others who may not share the same views with relation to alcohol use and nonuse should characterize the responsible abstainer. Indeed, responsible abstinence should go beyond the willingness to work with others. It should extend into social situations that bring together persons with a wide range of attitudes and practices relating to alcohol use and nonuse.

The second decision which exists is that the individual may choose to drink responsibly. Assuring that all Americans arrive at one of these two important decisions is no easy task and will require much of the same kind of approach that our nation has adopted in implementing national policy regarding the educational opportunities offered our young. The task force is not suggesting that the same level of massive resources be set aside to deal with this problem. Rather, the task force recommends establishing a national policy that integrates all of the factors affecting our daily lives as the technique most likely to reduce the problems America is confronted with regarding the use or nonuse of alcohol.

The task force has concluded that, in many cases, people's attitudes regarding the use and nonuse of beverage alcohol will have to be changed. We will have to define and teach the skills that can contribute to the responsible use of alcoholic beverages for those who choose to drink. We will have to help develop responsible attitudes regarding abstention. Just as it will require a major effort to teach people how to reach a responsible decision about when and how to use alcohol, it will also take a major effort to teach people how not to use alcohol. The choice not to drink or to drink should be made on the basis of responsible decision making, not unreasonable guilt or fear.

Delivery systems that help to create responsible attitudes and teach responsible skills will have to be devised and implemented. Those systems will have to involve every segment of our society, just as offering and encouraging educational opportunities involves all segments of our society.

The laws and rules, both formal and informal, that we adopt involving alcohol will have to reflect responsible decision making. Means will have to be set up to evaluate our progress and to measure the feedback of those involved in implementing responsible decision-making programs.

Perhaps most importantly, the task force has reached one inescapable conclusion: **our only hope of reducing alcohol-related problems is to recognize that the decisions we make about alcohol are a part of our everyday lives, and they reflect our ability to make**

responsible day-to-day decisions about many of life's challenges and alternatives. Therefore, the best hope of reducing the problems related to alcohol lies in improving the ways in which we learn to make everyday decisions.

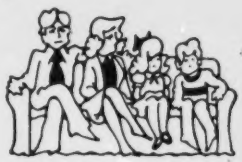
Although a vastly diverse people, our nation decided that its children will have an opportunity to receive a decent education; this decision has been reinforced by a commitment to adopting policies and programs that support that goal. For example, we have made commitments to our environment, to the safe use of motor vehicles and to the value we place on responsible decisions about many of life's day-to-day activities. Tremendously complex and ingenious efforts have been designed to guarantee the reality of every one of these national policies and goals. Surely a nation that has accomplished so much in setting each of these national goals and policies has the energy and determination to set a policy that allows its people to deal responsibly with beverage alcohol.

This summary report outlines the specifics of the conclusions reached by the task force and how they relate to establishing national policy and a course of action aimed at reducing alcohol-related problems. It reviews the same ingredients of national policy and goal achievement that have made other efforts successful, including how personal decisions are made; what effect laws and informal rules have on personal action; how attitudes are formed; what part the total educational system can play in building responsible decision-making skills. It recognizes that the decisions people make about alcohol sometimes change but that people must know what responsible behaviors about alcohol are so that no matter what the decision or when it is made, it will be a responsible one. Finally, the summary report examines what programs and delivery systems might help prevent alcohol-related problems.

Following are the major findings and recommendations of the task force for policy consideration and development:

MAJOR FINDING

1. Alcohol abuse and alcoholism have a direct relationship to daily living experiences.



Recommendation

1. Studying and understanding the social forces and factors that encourage people either to drink or to abstain must be undertaken to establish alternatives that reduce dependence upon alcohol as a means of coping with the pressures of modern life.

Rationale

Varying amounts of reliable information exist about the extent to which psychological, physiological and social forces influence alcohol-related problems. However, the inconclusive nature of much of this research suggests that further scientific work is needed to determine the basis for alcohol-related problems.

It is incorrect to assume that there is a single set of conditions — sociological, psychological or physiological — that lead to difficulties with alcohol. Rather, it is the interrelationship of these forces that leads to alcohol misuse.

Recommendation

2. Primary prevention services must be based upon the broader spectrum of daily living experiences. The focus should not be solely on alcohol-

related problems but on day-to-day events, such as family and career experiences, that set the stage for problems that may result in alcohol misuse.

Rationale

For years society has dealt with the symptoms of the problem but not with the real causes of the problem. We have tended to isolate questions about alcohol abuse and considered only the treatment of its immediate and specific symptoms. By dealing only with the most obvious aspects of alcohol abuse, we have neglected the totality of the problem.

Recommendation

3. All prevention services should be part of an integrated approach that looks at daily living experiences from many points of view. Health, careers, human relationships and other day-to-day experiences should be elements of a rational and effective approach to the problems of alcohol abuse.

Rationale

One key to reducing alcohol misuse is to determine what makes some people turn to alcohol during the course of a normal day.

Recommendation

4. Since each segment of society plays a part in contributing to the day-to-day experiences that lead to alcohol misuse, each must contribute to prevention efforts that reduce the likelihood of alcohol misuse.

Rationale

Prevention of alcohol-related problems must be the responsibility of the total educational system, including the public and private schools, the family, peer and reference groups, mass media, business and industry, government agencies, religious and volunteer organizations and other community influentials.

Recommendation

5. No single plan will solve all the problems related to the misuse of beverage alcohol. There will always be individuals for whom the use of any alcohol will represent potentially serious medical, psychological and/or social problems. The real question is not how to make all the problems of alcohol misuse and alcoholism disappear but how to reduce the potential for harm and how to promote the kind of respect and concern for one's self and others that will lead people to responsible decision making.

Rationale

Alcohol misuse, like other drug abuse, is a many-faceted problem, and its solution has been hampered by failure to understand the comprehensive nature of it. Our society does not have a national consensus regarding the responsible nonuse or responsible use of beverage alcohol. Attitudes about alcohol are as varied as the people themselves.

Recommendation

6. Because different groups of people have varying reactions to the use and nonuse of alcohol and can be expected to respond in different manners to various prevention efforts available, the specific needs of target groups must be addressed.

Rationale

Different groups have evidenced varying degrees of vulnerability to alcohol-related problems. Some groups will be more vulnerable to developing difficulty with alcohol than will others.

MAJOR FINDING

II. The ability to make responsible decisions regarding the use or nonuse of alcohol relates directly to the individual's general decision-making competence.

Recommendation

1. More effective ways of helping people learn and of reinforcing daily living competencies must be identified and implemented. We have to improve the ways we help people to learn to make day-to-day decisions about life.

Rationale

Efforts to develop prevention programs depend upon improving the decision-making abilities of those who drink and of those who choose not to drink.

Responsible decisions result in behavior that demonstrates respect and concern for oneself and others. They enhance individual development and promote healthy human relationships. Such decisions should not be arrived at without careful thought because an arbitrary decision is susceptible to arbitrary change. People cannot be told how to think; people learn how to think from many sources.

Recommendation

2. To increase the opportunities for making responsible decisions, the following skills, based on knowledge, are required:
   - Decision-making skills
   - Communication skills
   - Inter- and intrapersonal skills
   - Values clarification skills
   - Leisure activity skills
   - Coping skills
   - Information-processing skills
   - Problem-solving skills

Rationale

In the long run, it is more effective to prepare an individual to resolve or cope with potential problems than to have society remedy those problems after they have occurred. The task force believes that the cost of developing individual decision-making skills will be far less than the cost of remedial or corrective programs.

Recommendation

3. Society must develop services and a system for delivering those services that will give people the information and support they need to develop and maintain these skills.

Rationale

New knowledge and the development of specific skills can help individuals deal with the changing demands and pressures of society.

The educational process has a major role to play in assisting people to learn how responsible decisions can be made.

Recommendation

4. The following should be utilized for developing attitudes and behaviors to help people make responsible decisions about alcohol (either not to use it or to use it in a responsible manner) as well as practice responsible decision-making skills.

Rationale

The skills and attitudes, based on knowledge, that are necessary to make responsible decisions about alcohol can be identified and learned. There are steps we can take and programs we can implement to reduce alcohol-related problems.

Situational Responsibilities. It is important to

- Provide other activities when beverage alcohol is served. Drinking should not be the main purpose of any activity.
- Respect an individual's decision about alcohol. People have a right not to drink just as they have a right to drink responsibly.
- Recognize that alcoholic beverages do not have to be served at every social occasion.
- Recognize the decision not to drink by providing equally attractive and accessible nonalcoholic drinks when alcohol is served.
- Recognize that drunkenness is neither healthy, humorous nor safe. Excusing unacceptable behavior just because someone has had "too much to drink" serves no purpose; accepting drunkenness only rewards alcohol misuse.
- Provide food when alcohol is served.
- Measure when mixing drinks and do not urge that glasses be constantly full.
- Keep the cocktail hour before dinner to a reasonable time and consumption limit.
- Recognize a responsibility for the health, safety and pleasure of both the drinker and the nondrinker by avoiding intoxication and helping others to do the same.
- Make contingency plans for those who drink too much. If this occurs despite efforts to prevent it, assume responsibility for the health and safety of guests — such as providing transportation home or overnight accommodations.
- If you decide to drink, recognize that it is usually better not to drink alone.
- If you feel you are having a problem with alcohol, discuss that problem with others.
- Get involved and try to help when someone close to you is beginning to have a problem with alcohol.
- Serve or use alcohol only in settings that are conducive to pleasant and relaxing behavior.
- Understand why you have made your own decision not to use alcohol or to use it responsibly.
- Base your own decision to abstain on good reasons. Do not use unreasonable guilt or fear as weapons to discourage others from choosing to drink responsibly.

Health Responsibilities. Since alcohol can affect health, it is important to

- Understand that you may abstain from the use of alcohol for reasons of health or physical fitness.
- Set a limit on the consumption of alcohol that is well within your limits, remembering that they will vary from time to time.
- Be particularly cautious about using alcohol when other drugs are taken.
- Recognize that alcohol is a pharmacological drug and understand its effects on the body, brain and thought processes.
- Heed the advice of a physician concerning the consumption of alcohol.
- Recognize that the use of alcohol for purposes of coping with problems is high-risk behavior.
- Recognize that one need not drink to be accepted or liked by others.
- Drink slowly and avoid gulping a drink; there are physical limits to how quickly the body can absorb and metabolize alcohol.
- Recognize that, for those individuals who suffer from the illness of alcoholism, the most responsible decision is to abstain.

Safety Responsibilities. It is important to "play it safe" and

- Avoid performing complex tasks, such as operating machinery, driving a car or engaging in other physical activities with obvious safety hazards, while under the influence of alcohol. Do not mix alcohol with activities that require skilled reaction or quick decisions.
- Avoid riding with a driver who is under the influence of alcohol and discourage him or her from driving.
- Recognize that behavior and attitudes affect and influence others, especially children.
- Drink only in relaxed and responsible social situations.
- Drink in moderation when you choose to drink.

MAJOR FINDING

III. Existing prevention services designed to reduce alcohol misuse have limited effectiveness because of their narrow focus.

Recommendation

1. Information programs should not operate in a vacuum. They must be a part of broader programs dealing with daily living experiences and responsible decision making.

Rationale

Information plays an important role in developing the attitudes and skills necessary to make responsible decisions about alcohol. However, information programs **alone**, such as written materials or films on a particular subject, will not be successful in preventing alcohol abuse.

Recommendation

2. Resources should be directed more toward updating existing information programs than to developing new ones. These programs should always reflect the latest knowledge available.

Rationale

There is an abundance of information programs already available; some of these programs, however, do not reflect the latest knowledge available.

Recommendation

3. People should be assisted in developing skills for evaluating information programs on the basis of accuracy as well as the desirability of behaviors that programs support.

Rationale

There is a need to help people develop the skills required to evaluate information programs. People should be able to answer the question, "Does the information in this program support responsible decision making and responsible behavior?"

Recommendation

4. Attitude development programs should be integrated into broader programs of daily living experiences. Programs geared solely toward alcohol-related issues may be of value to specific audiences at specific times, but they are of limited value in establishing broad-based prevention programs.

Rationale

Programs to develop specific kinds of attitudes, such as self-esteem or increased awareness of one's values, play an important part in helping individuals evaluate the information by which they make personal decisions. Such programs affect the

decisions one makes when dealing with friends, family and associates — and in different social settings. These programs help create the informal norms (personal rules) that individuals apply in justifying their behavior.

Recommendation

5. There are many attitude development programs in existence. The creation of any new program should be based on a need to reach specific target audiences and objectives and should reflect new or previously unsupported information. Documented knowledge should be the guiding force in developing new programs.

Rationale

Attitude development programs prepare individuals to acquire specific skills, but they do not create specific behaviors by themselves. Attitude programs **alone** do not constitute a complete prevention effort.

Recommendation

6. Skill development programs should have a broad focus. The addressing of specific problem areas, such as alcohol abuse and alcoholism, can be accomplished within the context of daily living issues. Skill development programs should include the skills necessary to understand values, the decision-making process and the substantive issues individuals need to reach responsible decisions about alcohol.

Rationale

Skill development programs hold the greatest promise for reducing alcohol abuse, alcoholism and related problems. They utilize information and attitudes in the development of decision-making skills — skills required to arrive at and exercise responsible decisions about alcohol.

Skill development programs offer a new and challenging approach to prevention education because they integrate information and attitude development programs into a total prevention effort. The task force considers the integration of information and attitude development programs essential to success of skill development and has found that this integration is lacking in programs reviewed to date.

Recommendation

7. Additional research should be undertaken to provide direction for the development of primary prevention services based on these questions:

Which framework is best for offering prevention services? Is it health, decision making, understanding personal values, lifelong learning or combinations of these? What are the characteristics and interrelationships of each of these headings?

What importance should be placed on understanding how a system of personal values is arrived at and how decisions are made? How much importance should be given to substantive issues in skill development? How can these be blended into a total prevention effort?

What program variations are needed for groups that evidence a high degree of vulnerability to alcohol-related problems?

Which specific programs accomplish which objectives best?

How often should programs be offered to reinforce skills?

Which norms are required for supporting the program objectives?

What blending of programs is required to develop skills for daily-living decision making?

What is the need for more effective programs to make individuals specifically aware of their personal reaction to alcohol?

Rationale

Research programs developed to expand what we know about alcohol misuse should address these questions.

Recommendation

8. Educational programs provided by the socialization agents (family, schools, peers, reference groups, etc.) should be consistent and appropriate for the consumers and their surrounding environment.

Rationale

There is a general lack of programs that have been thoroughly tested and evaluated for varying subcultures, ethnic, socioeconomic and age groups. There is also an absence of information regarding the different programs that will be needed for groups that evidence a high degree of vulnerability to alcohol-related problems.

MAJOR FINDING

IV. Efforts to establish an effective mechanism to prevent alcohol-related problems have fallen short because the focus of the efforts has been too narrow and the target areas have been too restricted. There has also been a lack of coordination and integration among those who are involved in seeking solutions to alcohol-related problems.

Recommendation

1. Any workable and beneficial delivery system should include all these elements:

Item	Definition
Administrative Structure	The party(ies) responsible for orchestrating the delivery system
Communication Methods	The ways messages are communicated
Communication Influences	Those influences that help people learn
Feedback	Reactions, individual statements, reports
Reinforcement	How decisions are strengthened
Monitoring	Assessing progress
Norms	Formal and informal rules
Services	The programs that help people develop skills to make responsible decisions
Behavior	What the individual does

Rationale

There is technical and substantive excellence in many areas of human service — education, health, housing and others — but the effectiveness of each is limited by its delivery mechanisms. Consequently, many excellent services, both public and private, do not reach those who need them.

Recommendation

2. The total educational system (families, public and private schools, peer and reference groups, and community influentials such as the media, volunteer and religious organizations and the alcohol beverage industries) should be involved in the design and operation of a primary prevention program.

Rationale

Since alcohol-related problems originate in all segments of society, prevention efforts should likewise be related to the institutions that compose such a cross section.

Recommendation

3. A process should be identified in which skill development programs can be updated as new information on the how's and why's of alcohol abuse and alcoholism becomes available. This process, designed to transmit information and reactions between the people or groups who develop programs and people who receive their services, is necessary to reduce alcohol misuse.

Rationale

Programs must be developed, coordinated and orchestrated on a continuing basis with all other elements of a delivery system to achieve a common goal.

Recommendation

4. The systematic testing of a wide variety of prevention models to provide additional information that could lead to clear and realistic understanding of alcohol abuse and alcoholism prevention should be instituted.

Rationale

It is essential that a number of delivery systems be developed and made ready for action. Demonstrations of varying types of delivery systems will provide information on how to design each of the elements of an effective delivery system.

Recommendation

5. Educational services with a primary prevention focus should use a number of delivery mechanisms, particularly those techniques that make the service important and acceptable to the user.

Rationale

It is important that delivery mechanisms be relevant to the services to be provided and to the people who will be the recipients of the services.

MAJOR FINDING

V. If we expect alcohol-related problems to be significantly reduced over the long term, public policies that encourage appropriate attitudes and skills must be developed and implemented now.

Recommendation

1. Public policy regarding decisions about alcohol must be initiated in both the public and private sectors. It must be endorsed by a vast array of state, local and national representation including the family and community, business and industry, religious organizations and educational and political leadership. The task force urges immediate action through adoption of the policy statements at the end of this report.

Rationale

Millions of Americans have made decisions not to use alcohol or to use it responsibly, but society as a whole has failed to develop clear and consistent guidelines about responsible use as well as responsible nonuse.

Recommendation

2. In the final analysis, public policy, individual attitudes and the persuasiveness of community leaders, parents and institutions will have to be brought to bear in a coordinated effort aimed at giving people an opportunity to develop the skills necessary

to deal with the challenges of life, including decisions about alcohol.

Rationale

With the definition and development of such policy and with influential social groups and organizations providing support and assistance in implementation, it should be easier for people to make responsible decisions about their lives.

Recommendation

3. A dual-track alcohol abuse and alcoholism prevention plan is recommended for adoption by the states and their communities. This dual-track plan should be built upon (1) broad-based educational programs that can help the American people make responsible decisions about alcohol, and (2) the promulgation of sensible and enforceable rules and regulations that contribute to the goal of responsible decision making.

Rationale

It is recognized that risks exist when free-choice alternatives are available. Decisions about alcohol are no exception. The challenge is to develop and deliver programs of individual growth and education that will lead people in the direction of responsible decisions about alcohol, thereby reducing the potential for harm.

Recommendation

4. The review, modification and/or deletion of current rules and regulations concerning beverage alcohol should be initiated.

Rationale

Many of the rules and laws now in existence have had minimal effect on development of responsible decision-making behaviors about alcohol.

Any alcohol abuse and alcoholism prevention plan that fails to incorporate the right of free choice and depends totally on the restriction of alcoholic beverage sales is contrary enough to our democratic way of life to be ineffective as a prevention technique. No evidence exists which suggests that efforts to restrict the use of alcohol have contributed to responsible decision making. The task force, however, recognizes that some rules and regulations are necessary and do contribute to setting needed public policy.

Recommendation

5. Research should be done to determine the implications of both educational and normative (formal and informal rules) approaches to various public policy issues.

Rationale

Laws and regulations are necessary for any nation to operate in an orderly and beneficial way. Whether formal or informal, norms that require and reinforce responsible decision making about alcohol are essential to any plan for the prevention of alcohol abuse and alcoholism. The task force recommends a prevention approach that focuses heavily on education as one means of establishing informal norms and enforcing formal norms.

Recommendation

6. Accurate data to establish scientific evidence regarding the prevention value of age limits for alcohol consumption should be sought.

Rationale

The inconclusive nature of the available evidence regarding the age limit question makes more difficult the problem of arriving at any clear and meaningful analysis of this emotionally-charged issue. The task force finds no evidence to support the notion that legislating a uniform legal age will result in responsible decisions about alcohol. Setting different age limits in a single geographic area, however, can encourage irresponsible decision making.

Recommendation

7. Rather than focusing primarily on unusual or unconventional legal liabilities for those who sell or serve alcoholic beverages, more emphasis should be placed on developing other methods (such as social responsibilities) as part of the prevention delivery system. This social responsibility must be assumed by all engaged in the sale and serving of alcoholic beverages. States need to seek ways to see that this responsibility is effectively exercised.

Rationale

Focusing on the legal responsibilities of the serving and selling of alcoholic beverages does not, in itself, prevent alcohol-related problems. Servers/sellers could be effective outlets for prevention concepts, such as serving foods with drinks, recognizing the decision not to drink and providing equally attractive and accessible non-alcoholic drinks, and many other responsible behaviors. Those who serve and sell alcoholic beverages can contribute to responsible alcohol use by not urging "another round" for drivers. Alcoholic beverages can be available without being "pushed."

Recommendation

8. The hours-of-sale question (controlling the hours of sale of alcoholic beverages) must be answered at the local level. In order for the answers to contribute to reducing alcohol misuse, the agencies involved will have to develop a better appreciation for the total scope of the decision-making process as it relates to the use or non-use of alcohol.

Rationale

There is no evidence that controlling the hours of sale of alcoholic beverages has resulted in a substantial reduction in alcohol abuse and alcoholism. The task force suggests that a better understanding of the decision-making process may make "hours control" more meaningful if it is a part of the total prevention program.

Recommendation

9. Laws and regulations prohibiting the serving of food with alcohol should be repealed.

Rationale

Foods slow the absorption rate of alcohol in the blood stream, thereby minimizing possible adverse effects of the ingestion of beverage alcohol. Some laws and regulations prohibit the serving of food with alcohol; these laws should be quickly changed. We should be encouraging rather than discouraging serving food when alcohol is served.

Recommendation

10. Producers and distributors of alcoholic beverages should promote consumer responsibility in the use of their products. This could be done by providing consumers with consis-

tent, accurate information about how to use these products as safely as possible.

Rationale

It has been suggested that warning labels, such as those on cigarette packages, should be placed on alcoholic beverage containers. No evidence has been found that warning labels on these containers will prevent alcohol-related problems. However, the task force encourages the alcohol beverage industries to promote guidelines for the safe use of their products.

Recommendation

11. In conjunction with other educational and skill development methods, mass media should be utilized to provide a powerful tool essential to a comprehensive preventive educational program.

Rationale

Mass media **alone** cannot be viewed as an effective prevention program, but it is an important and perhaps critical part of the total educational process. Mass media messages should be consistent with the behaviors identified by the task force.

There is insufficient data to indicate that the advertising of alcoholic beverages has either positive or negative effects on drinking behavior or consumption.

Recommendation

12. Further research should be conducted to determine if putting a ceiling on the number of places licensed to serve alcoholic beverages contributes to prevention of alcohol misuse.

Rationale

Putting a ceiling on the number of places to be licensed to serve alcoholic beverages probably makes it easier to enforce local laws and regulations regarding the serving of alcoholic beverages but may not contribute to prevention of alcohol-related problems.

Recommendation

13. The taxation and price issue must be resolved, since it is essential to the development of a sane and rational prevention strategy.

Rationale

Studies are conflicting and very inconclusive as to whether higher taxes and prices would be an effective prevention tool, although it is admitted that price and taxing policy as a prevention technique discriminates against lower income groups.

Recommendation

14. The potential for using methods of measuring blood alcohol content of individuals in public drinking places is one example of an approach which might be examined. Although such experiences may have educational value, there are many logistical and cost implications. The task force is not prepared to recommend this as a routine practice. To be useful for prevention, such tests or techniques must be followed up with treatment and educational programs.

Rationale

Easy, voluntary access to methods of measuring blood alcohol content of individuals may arouse personal interest and increase awareness of the effects of ingesting various amounts of alcohol.

MEMORANDUM

TO:

FROM: The Office of (the Governor/Agency Head)

State of _____

RE: Policy Statement on Responsible Decisions About Alcohol *

In view of the overwhelming evidence relating to the increasingly serious problems of alcohol misuse, all state-sponsored functions that include the serving of alcohol will adhere to and promote the following guidelines regarding alcohol.

When alcohol is served,

- The serving of alcohol will be a secondary focus at these functions.
- Food will be served with alcohol.
- Drinks will be measured, and hosts or sponsors will not urge that glasses be constantly full.
- Equally attractive and accessible nonalcoholic drinks will be provided.
- The cocktail hour before dinner will be kept to a reasonable time and consumption limit.
- The host or sponsor of the function should assume responsibility for thoughtful consideration of guests' health, safety and pleasure by avoiding intoxication and helping others to do the same.
- It should be recognized that drunkenness is neither healthy, humorous nor safe. Accepting drunkenness only rewards alcohol misuse.
- Alcohol will be served or used only in environments conducive to pleasant and relaxing behavior.

There are two responsible decisions about alcohol: (1) not to serve or use it, or (2) to serve or use it responsibly, as outlined above.

Signed _____

Date _____

*For this and the following policy statements, not all the responsible behaviors have been listed. Please refer to major finding II, recommendation 4 for additional behaviors that might be appropriate for your policy statement.

MEMORANDUM

TO:

FROM: Business, Industry and Labor

RE: Policy Statement on Responsible Decisions About Alcohol

In view of the overwhelming evidence relating to the increasingly serious problems of alcohol misuse, all sponsored functions that include the serving of alcohol will adhere to and promote the following guidelines regarding alcohol.

When alcohol is served,

- The serving of alcohol will be a secondary focus at these functions.
- Food will be served with alcohol.
- Drinks will be measured, and hosts or sponsors will not urge that glasses be constantly full.
- Equally attractive and accessible nonalcoholic drinks will be provided.
- The cocktail hour before dinner will be kept to a reasonable time and consumption limit.
- The host or sponsor of the function should assume responsibility for thoughtful consideration of guests' health, safety and pleasure by avoiding intoxication and helping others to do the same.
- It should be recognized that drunkenness is neither healthy, humorous nor safe. Accepting drunkenness only rewards alcohol misuse.
- Alcohol will be served or used only in environments conducive to pleasant and relaxing behavior.

There are two responsible decisions about alcohol: (1) not to serve or use it, or (2) to serve or use it responsibly, as outlined above.

Signed _____

Date _____

MEMORANDUM

TO:

FROM: The Alcohol Beverage Industries

RE: Policy Statement on Responsible Decisions About Alcohol

In order to serve the communities where our products are sold and used and for the purpose of preventing the irresponsible use of these products, the alcohol beverage industries, by their own initiative, will promote and work in cooperation with those groups and organizations involved in developing programs that encourage responsible decisions about alcoholic beverages. We recognize the following as responsible behaviors and practices and join in the commitment to promote their acceptance.

Situational Responsibilities

- Respecting an individual's decision about alcohol, especially the decision not to drink, and recognizing that decision by providing equally attractive and accessible non-alcoholic drinks when alcohol is served.
- Serving food with beverage alcohol.
- Providing other activities as a primary focus when beverage alcohol is served.
- Measuring when mixing and not urging that glasses be constantly full.
- Keeping the cocktail hour before dinner to a reasonable time and consumption limit.
- Recognizing a responsibility for the health, safety and pleasure of both the drinker and the nondrinker by avoiding intoxication and helping others to do the same.
- Recognizing that drunkenness is neither healthy, humorous nor safe. Excusing unacceptable behavior just because someone has had "too much to drink" serves no purpose; accepting drunkenness only rewards alcohol misuse.
- Making contingency plans for those who drink too much. If this occurs despite efforts to prevent it, assume responsibility for the health and safety of guests—such as providing transportation home or overnight accommodations.
- Recognizing that social acceptability does not require drinking.

Safety Responsibilities

- Drinking only in relaxed and responsible social situations.
- Recognizing that behavior and attitudes affect and influence others, especially children.
- Choosing to avoid performing complex tasks such as operating machinery, driving a car or engaging in other physical activities with obvious safety hazards, while under the influence of alcohol. Not mixing alcohol with activities that require skilled reaction or quick decisions.
- Choosing to avoid the consumption of alcohol as the only purpose for participating in a social function.
- Choosing to avoid riding with a driver who is under the influence of alcohol and discouraging him or her from driving.
- Choosing to abstain from the use of alcohol while at work.

Health Responsibilities

- Recognizing that the use of alcohol to cope with problems is high-risk behavior.
- Drinking slowly and staying within the bounds of one's personal, responsible consumption limit.
- Understanding that one may abstain from the use of alcohol for reasons of health or physical fitness.
- Heeding the advice of a physician concerning the consumption of alcohol.
- Being particularly cautious about consuming alcohol when other drugs are being taken.

In order to provide support for the concept of responsible decisions about alcohol, the industries will also

- Abide by advertising codes that recognize responsible drinking behaviors and that do not suggest alcohol as a solution for personal problems, for social acceptance or as a requirement for daily living. Further, the advertising of alcoholic beverages will not promote unreasonable consumption or purport unrealistic benefits from consumption.
- Utilize marketing techniques and strategies to convey messages of responsible use or nonuse of beverage alcohol, in order to assist in the establishment of public policy that acknowledges irresponsible use of alcohol as unacceptable.

Signed _____

Date _____

MEMORANDUM

TO:

FROM:

RE: Policy Statement on Responsible Decisions About Alcohol: An Action Plan for Volunteer and Professional Organizations

In view of the overwhelming evidence that points to the devastating cost of alcohol and alcoholism to our society, both in terms of economic loss and human misery, and in response to the increasing need to mobilize our nation's resources toward the prevention of these problems, this organization will promote and support the following guidelines and policies regarding responsible decisions about alcohol among the members of this organization as well as in the communities we serve.

- An individual's decision to responsibly use or responsibly not use alcoholic beverages should be respected.
- A person should avoid performing complex tasks, such as operating machinery, driving a car or engaging in other physical activities with obvious safety hazards, while under the influence of alcohol, and should not mix alcohol with activities that require skilled reaction or quick decisions.
- It should be recognized that drunkenness is neither healthy, humorous nor safe and that it serves no purpose to excuse unacceptable behavior just because someone has had "too much to drink." Accepting drunkenness only rewards alcohol misuse.
- Individuals should set a personal limit on the consumption of alcohol that is well within their own limits, which vary from time to time.
- Other social activities should be provided as the primary focus when alcohol is served.
- Food should be provided when alcohol is served.
- Equally attractive and accessible nonalcoholic drinks should be provided when alcohol is served.
- Individuals should recognize a responsibility for the health, safety and pleasure of both the drinker and nondrinker by avoiding intoxication and helping others to do the same.
- The cocktail hour before meals should be kept to a reasonable time and consumption limit.
- Alcohol should be served and used only in environments conducive to relaxed and responsible behavior.
- It is not necessary to serve alcoholic beverages at all social occasions.

In order to demonstrate our commitment to the concept of prevention and responsible decisions about alcohol, _____ will lead or cooperate with efforts to

- Provide for the members of our organization—as well as for the families of the communities we serve—accurate, clear and consistent information regarding responsible decisions about alcohol and the concept of prevention.
- Mobilize community resources for the purpose of facilitating attitudes and behaviors leading to responsible decisions about alcohol.
- Seek promising methods and techniques of prevention education and promote their implementation.
- Develop a constituency that will help frame public policy regarding the community's responsibility for the prevention of alcohol abuse and alcoholism in the context of people's daily living experiences.
- Bring this statement to the attention of the general public.

Signed _____

Date _____

JOINT RESOLUTION

Offered _____

Expressing the sense of the General Assembly regarding responsible decisions about alcohol.

Whereas, The problems of alcohol abuse and alcoholism are taking a heavy toll in economic loss and human misery in the communities of our state and nation; and

Whereas, There is overwhelming evidence to support the premise that treatment of these problems, while still absolutely necessary, is not sufficient to the purpose of long-range reduction or solution to the problems; and

Whereas, There needs to be developed a public policy that makes prevention a priority issue in order to diminish the problems of alcohol abuse and alcoholism; and

Whereas, Prevention education will require the efforts of many influential elements in our society, including the school, family, church, business, industry and labor so as to develop comprehensive systems for delivering prevention services in a more integrated and cooperative fashion; and

Whereas, The seriousness of the problems of alcohol abuse and alcoholism is recognized and the need for the development of public policy that supports specific responsible decision-making practices about alcohol is an urgent priority; therefore, be it

Resolved, That the general assembly of the state of _____ urges all citizens and organizations to become familiar with issues relating to the exercising of individual responsibility about alcohol; and furthermore, if one drinks, to review personal drinking practices and attitudes for the purpose of maintaining or developing practices likely to be most effective in protecting one's health, happiness and well being, as well as that of others; therefore, be it further

Resolved, That the general assembly of the state of _____ does not wish to interfere with lawful, private decisions about alcohol; however, to assist the citizens of our state in examining issues and personal practices, the following guidelines are provided for consideration:

Situational Responsibilities

- Respecting an individual's decision about alcohol—people have a right not to drink just as they have a right to drink responsibly.
- Recognizing the decision not to drink by providing equally attractive and accessible nonalcoholic drinks when alcohol is served.
- Recognizing a responsibility for the health, safety and pleasure of both the drinker and the nondrinker by avoiding intoxication and helping others to do the same.
- Providing other activities when beverage alcohol is served—drinking should not be the main purpose of any activity.
- Providing food when alcohol is served.
- Measuring when mixing drinks and not urging that glasses be constantly full.
- Keeping the cocktail hour before dinner to a reasonable time and consumption limit.
- Recognizing that drunkenness is neither healthy, humorous nor safe and that it serves no purpose to excuse unacceptable behavior just because someone has had "too much to drink." Accepting drunkenness only rewards alcohol misuse.
- Making contingency plans for those who drink too much. If this occurs despite efforts to prevent it, assume responsibility for the health and safety of guests—such as providing transportation home or overnight accommodations.

Safety Responsibilities

- Choosing to avoid performing complex tasks, such as operating machinery, driving a car or engaging in other physical activities with obvious safety hazards, while under the influence of alcohol, and not mixing alcohol with activities that require skilled reaction or quick decisions.
- Choosing to avoid riding with a driver who is under the influence of alcohol and discouraging him or her from driving.
- Recognizing that behavior and attitudes affect and influence others, especially children.
- Drinking only in relaxed and responsible social situations.
- Drinking in moderation when one chooses to drink.

Health Responsibilities

- Understanding that one may abstain from the use of alcohol for reasons of health or physical fitness.
- Setting a limit on the consumption of alcohol that is well within one's own limits, remembering that they will vary from time to time.
- Being particularly cautious about using alcohol when other drugs are taken.
- Recognizing that alcohol is a pharmacological drug and understanding its effects on the body, brain and thought processes.
- Heeding the advice of a physician with respect to the consumption of alcohol.
- Recognizing that the use of alcohol for purposes of coping with problems is high-risk behavior.
- Watching for dramatic changes in personality or mood while drinking since these can be an early sign of a problem that needs attention.
- Recognizing that one need not drink to be accepted or liked by others.
- Drinking slowly and avoiding gulping a drink. There are physical limits to how quickly one's body can absorb and metabolize alcohol.

ED145304

TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

Final Report Booklet 3 (A Summary)

CG011776

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Booklet 3

Section One: Page 2 — IMPLEMENTING RESPONSIBLE DECISIONS ABOUT ALCOHOL. An introduction to specific plans that may be adopted to reduce the incidence of alcohol use-related harm.

Section Two: Page 3 — DESIGNING A PROGRAM FOR CHANGE. The challenge of designing a delivery system.

Section Three: Page 3 — HOW CHANGE OCCURS. A description of the process by which change is effected.

Section Four: Page 8 — DESIGNING A SYSTEM FOR THE DELIVERY OF PRIMARY PREVENTIVE EDUCATIONAL SERVICES. A description of the services and delivery mechanisms needed to reduce alcohol use-related harm.

Section Five: Page 8 — A POINT OF AGREEMENT. A definition of the behaviors that should be produced by the implementation of an effective delivery system. Included in this section are definitions of situational responsibilities, health responsibilities and safety responsibilities as they relate to the use and nonuse of alcoholic beverages.

Section Six: Page 10 — A POINT OF AGREEMENT. A description of the elements of a delivery system including administrative structure, communication methods, communication influences, feedback, monitoring, reinforcement, norms, services and behavior.

Section Seven: Page 11 — SAMPLE ADMINISTRATIVE STRUCTURES. Some alternative administrative structures for orchestrating delivery systems at the state and local levels.

EDUCATION COMMISSION OF THE STATES
TASK FORCE ON
RESPONSIBLE DECISIONS ABOUT ALCOHOL

CHAIRMAN
John C. West
Former Governor of South Carolina

VICE CHAIRMAN
Honorable Bennett D. Katz
Chairman, Senate Education Committee
Augusta, Maine

TASK FORCE MEMBERS
Herbert B. Cahan
Director, Corporate Communications
Carling National Breweries, Inc.
Baltimore, Maryland

Wendell Chino
President of the Mescalero Apache Tribe
Mescalero, New Mexico

Major General Frank B. Clay
U.S.A. (Ret.)
Former Deputy Assistant Secretary of Defense (Drug and Alcohol Abuse)
McLean, Virginia

George C. Dimas
Executive Director
National Council on Alcoholism
New York, New York

Thomas J. Donovan
President Emeritus
Licensed Beverage Industries, Inc.
Sayville, New York

Kenneth L. Eaton
President
GMA Associates
Washington, D.C.

Martin W. Essex
State Superintendent of Public Instruction
Columbus, Ohio

Pat Greathouse
Vice President
United Automobile Workers
Detroit, Michigan

H. Eugene Hall, M.D., F.A.C.P.
Chief of Pathology, United States Public Health Service Hospital and Member, Washington State Board of Education
Seattle, Washington

Augustus H. Hewlett
Executive Director
Alcohol and Drug Problems Association of North America
Washington, D.C.

Mrs. Walter G. Kimmel
President
National Parent-Teachers Association
Chicago, Illinois

Marty Mann
Founder-Consultant
National Council on Alcoholism
New York, New York

Donald H. McGannon
President and Chairman
Westinghouse Broadcasting Company
New York, New York

David Norvell
Attorney-at-Law
Albuquerque, New Mexico

Thomas E. Price
Executive Director
Council of State and Territorial Alcoholism Authorities, Inc.
Washington, D.C.

Agnes H. Wilson
College of Education
University of South Carolina
Columbia, South Carolina

Lucien Wulsin
Chairman of the Board
D. H. Baldwin Company
Cincinnati, Ohio

Implementing Responsible Decisions About Alcohol

The Task Force on Responsible Decisions About Alcohol, formed by the Education Commission of the States (ECS) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), has identified two common, attainable goals:

1. To work for the acceptance and application of identified behaviors that promote both awareness and responsibility for decisions about alcohol; and
2. To recommend the formulation of state/national policies that support positive approaches to the reduction of alcohol misuse.

A decision was reached by the task force to develop this program on the broad base of change—in attitudes about the use or nonuse of alcohol in society; about how society deals with the prevention of alcohol-related problems; and in behavior as it relates to the use or nonuse of alcohol.

The task force recommends that the governor of each state be the catalyst for state participation in preventive education and that he or she convene a panel of advisors known for their ability to activate people and projects. Using the assistance of a governor's panel and the organizational elements provided by the task force, participating states and communities can develop preventive educational programs to build skills for decision making suited to their particular needs and resources.

The organizational elements include how change occurs and who makes it happen; the identification of 30 responsible behaviors about alcohol; a wide range of information to aid in choosing the administration of the program; who might act as influences and support systems; the role of communication in sending and receiving information; how existing laws and social customs have an effect on change; and types of reinforcement, monitoring and evaluation for determining change. Models are outlined as examples of how these elements may fit together as workable plans of action to provide preventive educational programs administered through the state, existing agencies or institutions, communities or private industry.

The concept stressed by the task force to minimize alcohol misuse is one of prevention rather than crisis reaction. This indicates primarily the integration of skills for daily living with healthy attitudes and behaviors about alcohol. It further suggests that laws and regulations be evaluated to determine if they contribute to a supportive environment in which people can actually practice these responsible attitudes and behaviors.

This positive viewpoint is offered as an invitation to community leaders, parents, religious organizations, educators, unions, the media and public officials to reduce the problems caused by the misuse of alcohol.

The task force invites you to contact ECS for additional materials and information for planning your preventive approaches to reduce alcohol-related problems and for formulating public policy decisions.

Education is the deliberate cultivation of the ability to make wise decisions and to execute them effectively in all areas of life.

Asahel Woodruff

Designing a Program for Change

In determining that elements of our daily life may contribute to the abuse of beverage alcohol, the Education Commission of the States Task Force on Responsible Decisions About Alcohol has charted a direction for public policy to reduce the incidence of problems related to the misuse of alcohol. Because of the work done by the task force and other groups over the past years, the real challenge no longer lies in defining what public policy should be but rather how that policy is to be accepted and implemented.

The task force invites community leaders, citizen groups, parents, religious organizations, educators, unions, employers, the media and public officials to implement effective programs to reduce people's misuse of alcohol. It is a call to help reduce the need for treatment of those who abuse alcohol by the prevention of alcohol-related problems through efficient delivery of services. It is a call to business and industry to reduce the billions of dollars lost annually as a result of alcohol-related problems. It is a call for families and friends to translate the concern they have for their loved ones into positive attitudes that result in responsible decision making about the use or nonuse of beverage alcohol.

The work done by the task force is not a prescription to treat the ills of alcohol abuse. It is a positive and forthright call to promote health, social and cultural well being through responsible decisions about alcohol.

In order for the information contained in this document to have real meaning, it must be clearly understood that its purpose is to effect change — change in attitudes about the role of alcohol in our society, change in the way our society attempts to prevent the problems of alcohol abuse and alcoholism, and ultimately change in behavior as it relates to the use or nonuse of alcohol.

In order to translate the conclusions of the task force into positive programs to effect change, it is first necessary to analyze the process of change and to design a program for implementing an alcohol abuse prevention education effort.

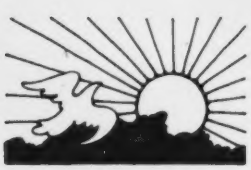
How Change Occurs

The impetus for change is often provided by a crisis that creates pressure and results in the recognition of a need and a plan of action to meet that need. For example, it was the crisis caused by widespread polio in the 1940s that led to a massive effort to find a cure, convince people to accept the cure and implement a program that has now all but removed polio from the American scene. It was the response to a crisis that activated all the forces required to assure a positive change.

In the case of alcohol abuse, the problem most easily recognized and accepted is the cost of alcohol misuse to the nation, the state and the taxpayer and the tremendous human cost to the victim of alcohol abuse, his or her family, friends and associates.

The problem of alcohol abuse is an easy problem to describe. It can be described in statistics compiled by a federal agency that measures the dollar loss to taxpayers, and it can be described in terms of cost to local and state governments, to business and industry, to property. It is a problem that contributes heavily to other public and private expenditures in areas such as child abuse, public assistance, public health, traffic violations and accidents, and criminal justice. It is a problem that can be described in countless stories of tormented families and lost opportunities. Alcohol problems, when considered in their interrelationships with many other social problems, are complex issues that will require priority attention to prevent their continuing occurrence in our society.

From Concern to Challenge



Only when the concern is widely recognized as a priority need is there a real opportunity to establish a plan of action. It is the recommendation of this task force that the call for action specifically come from the governor in each state. Unless there is a strong commitment by him or her and the corresponding support of the state legislature to begin addressing alcohol-related problems from a prevention rather than a crisis-intervention approach, significant change will not occur.

It is further recommended that, if we are to draw attention successfully to the dramatic undertaking of "doing something" about the misuse of alcohol, an advocacy panel should be appointed by the governor. This advocacy panel should consist of citizens in the state who are known for their leadership capabilities to initiate change. They must be respected throughout the state both personally and for the positions they hold in business, industry, the media, labor organizations, the church, the medical professions and other groups or volunteer organizations that vary in importance from one section of the country to another.

The panel's objectives should be to advocate change in service delivery and in people's attitudes and behaviors toward alcohol; to lend support to state and community preventive educational efforts; and to assure options for follow through at the state and community levels. It should be concerned with the development of public policy for its state and for the programs designed to implement that policy. The panel should be directly responsible to the governor and provided with sufficient staff to carry out its work.

A Search for Solutions

The next stage in the process is a search for solutions to the problems of alcohol misuse. This usually takes the form of either analyzing existing research or conducting new studies. At this stage,

there is a risk of adopting "quick and easy" solutions for the purpose of expediency or a change for change's sake. One purpose of the state's advocacy panel is to avoid narrow and simplistic answers to complex problems.

Numerous public, private and voluntary prevention resources exist at the state and local levels. Some of them are charged by legislation with responsibilities for prevention. State agency personnel, such as the state alcohol authority, state departments of education, health, welfare and transportation, the judiciary and law enforcement, as well as the many other citizen advisory councils and organizations that are concerned with prevention needs, should be utilized by the advocacy panel for the special knowledge and background they have to contribute to the development of a comprehensive prevention plan for their state. The panel should seek from these resources to identify what prevention resources are available and how they are delivered, what gaps in services and delivery mechanisms now exist and specific recommendations as to how to develop an integrated network for a more efficient service delivery mechanism. These resources can be particularly informative regarding what prevention models might be most appropriate for meeting state and local prevention needs. Their testimony will be summarized by the panel and presented to the governor in the form of recommendations for change.

The task force strongly recommends that existing prevention agency personnel should not sit on the advocacy panel itself lest the states run the risk of replowing old ground or involving existing frictions in the development of a comprehensive prevention plan. Further, it commends this final report as the basis upon which any new plans be constructed. It recommends, too, that the staff and resources of the Education Commission of the States be utilized in this developmental process. The task force and staff have worked together for over three years to determine what might or might not contribute to people practicing responsible decisions about alcohol. It is time to test these recommendations — time for states to consider the alternatives and to design a prevention plan consistent with the task force's recommendations to meet their individual state needs.

Working Toward Solutions

The next step in the change process is to implement a possible solution. Many efforts of change tend to expend great amounts of energy in the initial stages, and attempts to find the best answer often result in studying the problem to death without reaching the implementation stage. Without a successful completion of this stage, however, change cannot occur. Action as well as answers are needed. Once a solution has been implemented, it then becomes necessary to evaluate the effort to determine the degree of success. This enables us to determine the best portions of our solution, modify others and discard those portions that failed.

Recognizing the concern, accepting the need, establishing a framework to implement change, agreeing on solutions and implementing them is a course of

action that holds high promise for resolving the problems of alcohol misuse. This process, then, is a model for the process of change. It is described graphically in Figure 1.

The development and implementation of policies to effect change as described in this report and the change process itself is a long-range and complex plan. Intermittent goals can be set and realized at various points in time, but the achievement of the total effort will be a long-range process. It is not unrealistic to assume that several decades will pass before this can be accomplished.

The "Personalities" of Change

Also important to understanding change is understanding the "personalities" or "roles" of change. Different individuals, groups, organizations and governmental structures will all have a part or role to play in the process of reducing alcohol misuse and promoting responsible decision making. Understanding what roles must be played will help to involve individuals and organizations necessary for success:

The catalyst may not have any solutions but is someone usually disturbed by the "status quo." This person applies pressure or draws attention to a concern that usually causes the system (an organization, agency, group of people or society) to take action and begin working on its problems. As with the earlier example of polio in the 1940s, President Roosevelt as a victim of polio served as a catalyst for change although he did not personally find a solution to the problem. The task force recommends that governors play the role of catalyst in this process of change.

The solution giver is usually a skilled or experienced person who has ideas and believes they should be adopted by others to solve the problem. Any effective solution giver should be knowledgeable about the problem and skilled enough to be of assistance in making necessary adaptations. Once again in our polio example, Dr. Salk proved to be the solution giver although he did not personally implement the solution. In the case of developing a significant alcohol misuse prevention program, the Education Commission of the States Task Force on Responsible Decisions About Alcohol has acted as a solution giver.

The process helper is probably the most important of all the change agents. He or she is usually skilled in the various stages of the change process, is knowledgeable about how the change comes about and understands the process as it applies to both individuals and organizations. It is doubtful if successful and effective change can be brought about without the assistance of such a person. He or she must assist others in understanding the "how to" of change and help (1) define needs, (2) determine goals and objectives, (3) develop appropriate resources and (4) create, implement and evaluate solutions. In the polio example, the process helper was thousands of talented and dedicated health officials who identified

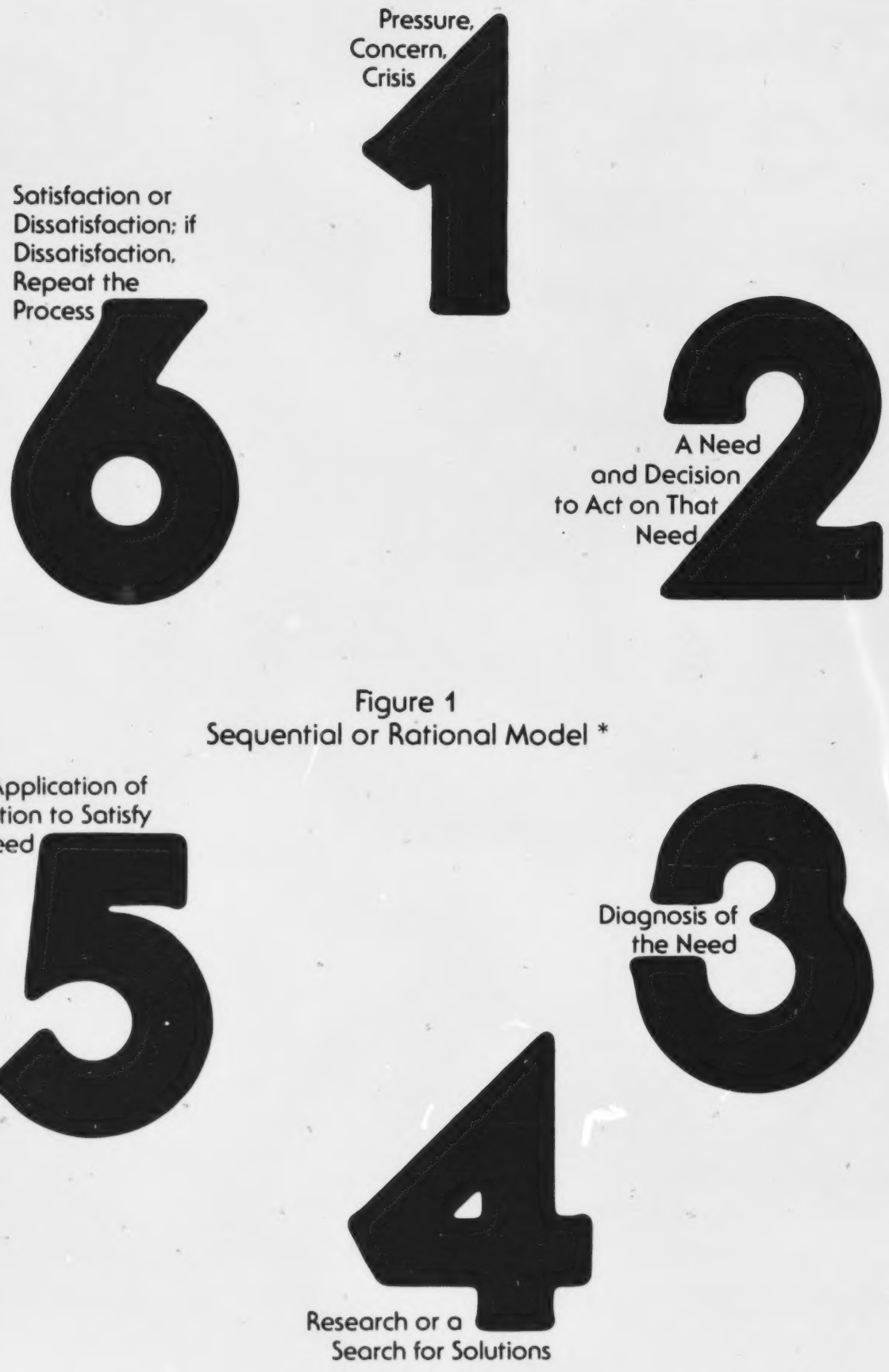


Figure 1
Sequential or Rational Model *

* Havelock, R.G. A Guide to Innovation in Education. Ann Arbor: The University of Michigan, 1969.

and/or implemented the solutions. The advocacy panel previously described is the process helper for effecting change as described in this task force report. In models discussed later in this report, there are many potential process helpers including government agencies, volunteer groups and community associations.

Many problems never get solved, and many innovative programs are never implemented because the person who understands the process of "how to" is not meaningfully involved.

Each of the three personalities of change is essential to the process. By understanding who must be involved and what each must do, the effort to reduce alcohol-related problems will yield a much greater opportunity for success.

Designing a System for the Delivery of Primary Preventive Educational Services

The concept of reducing alcohol misuse through the kinds of services and delivery mechanisms described in this report is relatively new in the United States, and those who employ it will be pathfinders in the effort to improve the quality of the decisions people make in their lives. From the experience of those who first undertake these pioneering programs will come valuable lessons and insights that can be used by others who will follow later.

Many of the issues that must be resolved while planning and implementing an effective delivery system for the prevention of alcohol-related problems and the promotion of healthful living practices are discussed in this final report of the task force. No blueprint for action can be expected to anticipate all of the problems that are likely to be encountered in the diverse towns, cities and communities of our nation. Social, political and cultural factors in each locality will require modification of these proposed strategies. It is from this diversity, however, that we will continue to add to our knowledge of why alcohol abuse occurs and how it may be reduced.

Even given the diversities that exist, however, there are points of common agreement upon which most, if not all, strategies may be based. It should be remembered that the composition of the task force reflects much of the political, geographic, social and professional diversities that exist in America. Its conclusions and proposals reflect the consistent, overwhelming points of agreement upon which common strategies may be built.

Point of Agreement: Expected Behaviors

In suggesting a solution aimed at preventing alcohol use-related harm, it is reasonable to expect people to ask: "How do we measure success?" The answer is "We expect people to adopt specific attitudes and demonstrate specific behaviors that show we have accomplished our goal, namely to prevent abuse or misuse of alcohol."

For example, it would be reasonable to expect people to recognize that certain individuals are so sensitive to the use of beverage alcohol that the most responsible decision they can ever make is to abstain from its use; this would be particularly true for those individuals whose abnormal reaction to alcohol results in alcoholism. In other instances, it would be reasonable to expect people to accept the fact that it is dangerous to drink and drive or to drink to the point of drunkenness. Ultimately, we expect people to demonstrate in their everyday life the ability to make responsible decisions about alcohol — choosing not to drink or choosing to drink responsibly — based on the situational-, health- and safety-related behaviors outlined by the task force.

The procedures, techniques and strategies employed in the delivery system anticipate acceptance and adoption of these expected behaviors or attitudes. Thus, these behaviors and attitudes must be compatible with the values held by persons in the society in which the services will be delivered. The desired behaviors should also be examined in terms of whether it is politically and economically feasible to achieve them. The problem is real; therefore, the proposed solution must be both real and achievable.

The following items are task force recommendations for attitudes and behaviors that are indicative of responsible decisions about alcohol (either not to use it or to use it in a responsible manner). Their acceptance and adoption should enable citizens to practice and demonstrate responsible nonuse or use of alcohol.

Situational Responsibilities

It is important to

- Provide other activities when beverage alcohol is served. Drinking should not be the main purpose of any activity.
- Respect an individual's decision about alcohol. People have a right not to drink just as they have a right to drink responsibly.
- Recognize that alcoholic beverages do not have to be served at every social occasion.
- Recognize the decision not to drink by providing equally attractive and accessible nonalcoholic drinks when alcohol is served.
- Recognize that drunkenness is neither healthy, humorous nor safe. Excusing unacceptable behavior just because someone has had "too much to drink" serves no purpose; accepting drunkenness only rewards alcohol misuse.
- Provide food when alcohol is served.
- Measure when mixing drinks and do not urge that glasses be constantly full.
- Keep the cocktail hour before dinner to a reasonable time and consumption limit.
- Recognize a responsibility for the health, safety and pleasure of both the drinker and the nondrinker by avoiding intoxication and helping others to do the same.
- Make contingency plans for those who drink too much. If this occurs despite efforts to prevent it, assume responsibility for the health and safety of guests — such as providing transportation home or overnight accommodations.

- If you decide to drink, recognize that it is usually better not to drink alone.
- If you feel you are having a problem with alcohol, discuss that problem with others.
- Get involved and try to help when someone close to you is beginning to have a problem with alcohol.
- Serve or use alcohol only in settings that are conducive to pleasant and relaxing behavior.
- Understand why you have made your own decision not to use alcohol or to use it responsibly.
- Base your own decision to abstain on good reasons. Do not use unreasonable guilt or fear as weapons to discourage others from choosing to drink responsibly.

Health Responsibilities

Since alcohol can affect health, it is important to

- Understand that you may abstain from the use of alcohol for reasons of health or physical fitness.
- Set a limit on the consumption of alcohol that is well within your limits, remembering that they will vary from time to time.
- Be particularly cautious about using alcohol when other drugs are taken.
- Recognize that alcohol is a pharmacological drug and understand its effects on the body, brain and thought processes.
- Heed the advice of a physician concerning the consumption of alcohol.
- Recognize that the use of alcohol for purposes of coping with problems is high-risk behavior.
- Recognize that one need not drink to be accepted or liked by others.
- Drink slowly and avoid gulping a drink; there are physical limits to how quickly the body can absorb and metabolize alcohol.
- Recognize that, for those individuals who suffer from the illness of alcoholism, the most responsible decision is to abstain.

Safety Responsibilities

It is important to "play it safe" and

- Avoid performing complex tasks, such as operating machinery, driving a car or engaging in other physical activities with obvious safety hazards, while under the influence of alcohol. Do not mix alcohol with activities that require skilled reaction or quick decisions.
- Avoid riding with a driver who is under the influence of alcohol and discourage him or her from driving.
- Recognize that behavior and attitudes affect and influence others, especially children.
- Drink only in relaxed and responsible social situations.
- Drink in moderation when you choose to drink.

Thus, before a project is begun, it is essential to know the expected outcomes. In this way, efforts can be more effectively planned and controlled. In short, before one plans how to reach a destination, it makes sense first to know what one's destination is. The expected outcomes are the above behaviors.

Point of Agreement: The Elements of a Delivery System

Once the behaviors and attitudes have been identified that, it is hoped, people will adopt and apply, it is important to look at the process to be

used to transmit the desired behaviors to the intended audience. This process is called a delivery system. A workable delivery system should include the elements shown in Figure 2. A narrative of each of the elements follows.

Administrative Structure

Three important factors previously discussed in this document include the change process; the expected behaviors that, if adopted and applied by people in a community, can be measured to determine the extent to which people are making responsible decisions about alcohol; and a model (delivery system) for transmitting these behaviors.

Having demonstrated a need for the development and the delivery of preventive educational programs and the expected outcomes, a state or community must make some decisions about how those outcomes will be achieved. Any delivery system must have an administrative structure that is responsible for program design, implementation and evaluation. The task force has identified three administrative structures for developing workable delivery systems.

One structure is centralized, calling for a single agency or organization to orchestrate the design, implementation and evaluation of a statewide prevention plan. The second is decentralized — communities orchestrate community plans. Under a decentralized approach, one or several state agencies and organizations work to help encourage community prevention efforts. Community volunteer groups or local governments would respond independently to local problems under the more decentralized plan.

Another variation involves assigning the overall goals and agreements of the prevention plan to those agencies and organizations that already have responsibilities for health or safety. Such agencies and organizations include the state alcoholism authority, state voluntary alcoholism agencies; departments of education, health, mental health, traffic safety; alcohol beverage control board; or an intergovernmental agency representing each of these agencies and organizations.

A state or community must determine which administrative structure is most appropriate for achieving the outcomes specified. Regarding the agents within a state or community, there are some important considerations:

The Leaders

It is important to identify the formal leadership in a community. In some communities the chain of command is loose; in others, it is very structured. A good understanding of the leadership structure and a strong relationship with it is important.

The Influentials

The informal channels and leadership in a community are also important. The people to whom others turn for advice, opinions and new ideas and whose conduct, examples and teachings influence others may be the people who set standards in the community, even though they do not have formal titles.

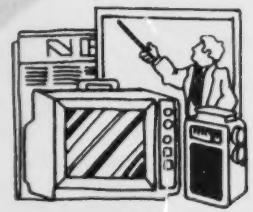
Delivery System

Administrative Structure
(The party(ies) responsible for orchestrating the delivery system)

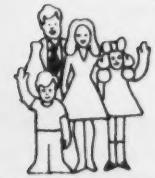
Behavior
(What the individual does)

Services
(The programs that help people develop skills to make responsible decisions)

Norms
(Formal and informal rules)

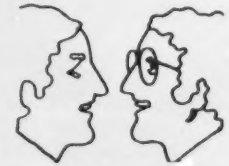


Communication Methods
(The ways messages are communicated)

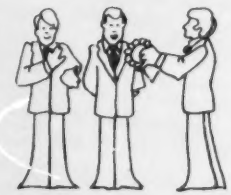


Communication Influences
(Those influences that help people learn)

Monitoring
(Assessing progress)



Feedback
(Reactions, individual statements, reports)



Reinforcement
(How decisions are strengthened)

Figure 2

The Gatekeepers

People who hold key positions relative to information and idea flow play critical roles. They may not have a formal or informal leadership position, but by virtue of their positions, they can affect the change process. The mayor's secretary or a newspaper editor are examples.

The Community Orchestrator

It is probable that members of the administrative structure at the community level hold full-time jobs. It is also possible that they may not be experienced change agents (process helpers) who have expertise in this area. To facilitate the success of the project, the council may want to find someone either within the community or outside the community to orchestrate the activities of the prevention program. As mentioned earlier, officials from a state agency or organization could serve as the community prevention orchestrator. There are pros and cons related to selecting either an insider or an outsider; some are reviewed below.

The Inside Orchestrator

PROS

- Knows the community. Knows the leaders and influentials; can more easily identify the power structure.
- Knows the jargon. Knows how people discuss their problems; is familiar with their style and accent.
- Is familiar with the norms of the community and probably holds the same beliefs, attitudes and behaviors as the rest of the community.
- Can relate to the community's needs and goals. Is familiar and known by other members of the community; therefore, is nonthreatening to those suspicious of anything "new."

CONS

- Possibly lacks perspective. May not be able to see the "big picture," as he or she may already have a predetermined bias.
- May not have the skills related to the change process. May lack training and experience.
- May be lacking a power base. Therefore, his or her plans may be challenged by superiors.
- May discover past accomplishments or failures to be drawbacks.
- May have limited independence and freedom. The time and energy needed to direct the project may be taken up in other pursuits.
- May have to redefine his or her role. As this new task is taken on, others in the community may have difficulty in relating to him or her as they may not associate the person with his or her new role.

The Outside Orchestrator

PROS

- Is a new entity and can begin fresh without a negative image.
- Can look at the community objectively and has no "axe to grind."
- Does not identify with any faction in the community and has a certain amount of independence.
- May have an awareness and skill factor beyond that possessed by other members of the community.

CONS

- Is an outsider, a stranger, and may represent a threat.
- May not understand the community, its values and norms.
- May not be able to relate to and identify with the community. May be indifferent to its needs.

Perhaps there are other advantages and disadvantages that could be listed, but the above list should serve to stimulate some thinking in this area. Neither the inside nor the outside person has any decided advantage, and perhaps a team approach could be considered to capitalize on the strengths of both positions.

Services

Having selected and evaluated behaviors in terms of their relationship to controlling the problem of alcohol abuse and alcoholism, their compatibility with widely held values and their feasibility (both political and economic), the next step in the delivery system is for the administrative structure to outline those services that are needed to bring about the desired behaviors. In this case, services refer to those activities and programs that teach people how to make responsible decisions about alcohol.

Basically, there are three types of educational services that assist people in making sensible decisions about living in a drinking society. First, there are **information services.** These are services that convey some body of knowledge or facts to a group of persons. The second type of service is that of **attitude development.** These are services that seek to explore thoughts, feelings or attitudes about a particular subject. The third type of service is that of **skill development.** This is a service that seeks to give people the experience in making responsible decisions about certain situations that confront them in daily living.

The variety of appropriate educational services that any community provides would be limited more by the availability of resources and imagination than the availability of technical knowledge and expertise. The following collection is only suggestive of the variety and types of educational services: radio and television spots and programs (talk shows, news features, etc.); magazine and newspaper articles; billboards, posters and bumper stickers; films and slide-tape shows; brochures, pamphlets and other publications; stuffers, pins and stickers containing "messages" about responsible decisions; lectures and plays; curricular material for general audiences; small-group interaction and decision-making experiences.

The public and private elementary and secondary schools should have administrative manuals and handbooks; policy decision statements on goals for education, desirable student outcomes and teacher competencies; training tools for school personnel and curricular tools for use with students.

Some clear criteria must be established at the very onset that can be used to guide the development of services. Some of the broad criteria applying to both content and approach that might be considered are described:

1. The programs must clearly address primary prevention.
2. The programs should demonstrate a positive focus throughout, aiming toward the promotion of healthful living practices and attitudes and the development of human potential based on knowledge of the key issues involved, i.e., alcohol misuse and alcoholism.
3. Some of these factors should be present in all prevention services:
   - The conscious development of a positive, healthy self-concept.
   - The acquiring of life skills that include the skills of communication, decision making, problem solving, interpersonal relations, coping with stress and anxiety, routine life functions (all the way from knowing how to cash a check to raising a child), and wage earning and career skills.
   - The development of sensible attitudes about others and life in general that allow the individual to keep himself/herself in perspective.
   - The learning and practicing of appropriate attitudes and behaviors toward abstaining and drinking.
   - The recognition of factors that affect one's reactions to alcohol.
   - The learning of facts, concepts and other information essential to the acquisition of the above items.
4. The intended outcomes (learning) should be consistent with the desired behaviors and attitudes that have been formally accepted in the state and communities and consistent with knowledge in the field.
5. Since there is no single target group, the selection and developmental process must strive for a comprehensive assortment of services that address (from birth to death) the general community population as well as specific groups.
6. All programs should focus on the learner's "here and now," not on "this will happen to you some day if and when..."
7. All services should be adaptable to the local needs, target groups and learning environments.

To the greatest extent possible, the administrative structure and service providers should follow the steps listed below to insure that these criteria are met:

1. Establish clear criteria and procedures for evaluating and reviewing any service.
2. Carefully review and evaluate all services that can be identified; catalog all services; identify gaps and write specifications for the type of service that will adequately fill the gap; develop new materials according to the specifications or modify existing programs according to stated specifications and objectives.
3. Develop planning and production procedures that insure that, in addition to the potential deliverer, the anticipated learner (target group) is actively involved throughout the process.
4. Pilot test, evaluate and validate every service before disseminating it. It is even desirable to conduct a double pilot testing to insure that the modifications are correct. Because prevention concepts, messages and behaviors are so important, program deliverers must know exactly what is learned, not only what was intended to be taught.

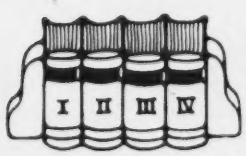
New services must be carefully planned. The promotion of healthful living is not a crisis service; states and communities must continually guard against the eagerness to "get something out there" until it has been properly developed.

5. Training programs should be established for all state and local deliverers before any community program is initiated or any new service is disseminated.

It is important to remember that the utilization of any one type of information service will not bring about the desired behaviors. Transmission of information via posters, newspapers, radio, television, etc. can only inform the public and make them more knowledgeable, but behavioral change depends on more than information alone. Besides knowledge about the situation, behavioral change is dependent on having the proper attitudes toward change (thus the need for attitude development services) and the making of decisions about the nonuse or use of alcohol (thus the need for skill development services).

The administrative structure orchestrates the delivery system, and the services bring about the desired behaviors. Admittedly, this is an oversimplification of a complex process. There are also a number of other elements within the model that play an important role in the success of any delivery system.

Norms



Norms are the social (informal) and legal (formal) rules that attempt to shape the behavior of individuals. Norms have a great influence on creating either a positive or negative environment for decisions about alcohol. Therefore, it is important that the orchestrator of a delivery system identify those norms that exist at the state and community levels and recognize their influence on reinforcing responsible decisions about alcohol.

Numerous public policy issues, identified in Booklet II, relate to existing formal and informal norms in the states. These illustrate the fact that it is difficult to show any direct cause and effect relationship between a single norm and a resultant behavior. Laws are an attempt to determine how people **should** behave. How people **do** behave is a function of what is in their hearts and minds; it is a culmination of their education and experiences since birth. Therefore, a two-track alcohol abuse and alcoholism prevention plan is recommended for adoption by the states and their communities. This two-track plan should focus on (1) broad-based educational programs that can help the American people make responsible decisions about alcohol, and (2) the promulgation of sensible and enforceable rules and regulations that are in consonance with the goal of responsible decision making and with the social and cultural values of the people to be affected by them.

Consider the following eight-step process for both social and legal norms to provide the maximum effect on the desired behaviors:

1. Determine what is the current situation — practices, behaviors, attitudes, etc.
2. Establish what is desired — desired behaviors, attitudes, standards, etc.

Communicate these desired behaviors with an explanation of why they are desirable.

3. Identify the discrepancies between what is and what should be; highlight the major differences and similarities.
4. Identify those agents with the highest probability of getting the actual and the desired closer together — who are the change agents?
5. Prepare tools, materials and services that can be used by the change agents.
6. Deliver the service.
7. Monitor the effect. Is there any change? Is the change in the desired direction? If so, in light of the evidence, are the desirable behaviors still considered desirable?
8. Repeat the previous seven steps.

Communication Influences

There are influences in any community that determine how people learn to react to daily living experiences as these experiences relate to responsible decisions about alcohol. These environmental factors, called communication influences, include the family, school, peer and reference groups, and community influentials as mentioned earlier. The orchestrator should be aware of these influences, which can provide powerful educational experiences (both positive and negative).

For example, in most American families alcohol is not a common topic of conversation. Perhaps because it is misunderstood, controversial or simply accepted as a way of life, alcohol is a subject that is often avoided. If families are to engage in conversations about alcohol and the complications associated with the misuse of this substance, it will be necessary for the subject of alcohol to be elevated into a prominent position in the ongoing community dialogue. This will require the accomplishment of two secondary objectives:

1. People must have assurance that it is possible to discuss alcohol without offending friends, relatives, neighbors or business colleagues.
2. They must be provided with a group of easily understood concepts and perspectives that will form the basis for informal dialogue.

Family activities as well as informal conversations among friends will be more likely to become settings in which helpful information about alcohol and alcohol-related problems is transmitted, once these secondary objectives have been achieved.

Communication Methods

There are at least five general approaches to communicating prevention messages. The most obvious is the media, both electronic and print, which can range from a high media approach (full saturation, multimedia, high intensity) to a low media concentration (distribution of print publications and possibly the sporadic use of public service announcements on radio and television). The most successful approach to changing behavior or effecting specific behaviors has been the high media effort.

Although use of media alone does not constitute a total prevention effort,

the effect and influence of media must be considered by those persons either designing or orchestrating an alcohol misuse prevention program. No other force contributes more to the day-to-day learning process than media, particularly television. The modern American child at age 16 will in all likelihood have spent more hours in front of a television set than in a classroom. Both commercials and programming contribute substantially to self-expectations and self-image. Media affect both cognitive and affective skills. Prevention programs that take this into consideration and that use media to communicate specific ideas and information hold greater promise than prevention programs that ignore modern communication techniques.

It must also be remembered that media, particularly television and radio, are means of communicating to mass audiences. It is far less expensive to reach a million people on television with a given message than it is to reach a million people any other way.

The task force recognizes the importance of maintaining the freedom from censorship of both television programmers and television's creative community. The task force does regard it as proper, however, that a code of recommended content consistent with the concept of responsible decisions about alcohol be adopted by television producers. The behaviors identified by the task force would well provide guidelines for such a code. The task force strongly recommends that, when alcohol consumption is included in program content and spot announcements, it should reflect the body of knowledge that exists regarding the responsible use of beverage alcohol.

Efforts should be made to discourage alcohol consumption as a continual means of coping with problems and to recognize that drunkenness is not humorous. When alcohol is used, its use should be portrayed realistically rather than romantically. The effectiveness of programming as a teaching instrument should not be overlooked.

Television particularly is a dominant means of communication and an efficient means for teaching. It may be used as a constructive agent to accelerate progress toward developing the responsible use or nonuse of beverage alcohol or it may further retard the urgent need to develop responsible behavior. Its influence cannot be ignored.

Four other communication approaches include person-to-person contact, such a parent-teacher conference; person-to-group contact, such as a performer to a television audience; group-to-person contact, such as a presentation by a volunteer group to a mayor or by an employees' union to its employer; and group-to-group contact, such as a teen group performing a skit at a PTA meeting.

Each of these methods can be on a formal or informal basis. All are necessary communication techniques for transmitting educational programs; most will be utilized in delivery systems of any magnitude, even in a small community. It is essential that the administrative structure carefully plan its delivery system to assure use of as many of these methods as feasibly possible. Each method has a certain impact or effectiveness level in not only transmitting information but also in having persons act on the information.

There is a tendency for scholars to ask the necessary question: "Which media are most effective, in what situations, and how much media is enough?" These questions in a small community may be premature and out of place. In a small community, the question is usually: "Given our resources, both fiscal and human, what alternatives are open to us?"

Questions related to "what is best" and "how much" are more appropriately studied by researchers using formative (process) and summative (long-term) project evaluation strategies comparing different delivery systems in different communities. Even then the myriad of variables involved may mitigate against conclusive evidence one way or the other.

Reinforcement

Reinforcement is an important tool to use to strengthen the decisions people make about alcohol. There are two kinds of reinforcement: positive (reward) or negative (punishment). Both are effective in promoting behavioral change.

All of us would rather be praised than admonished, rewarded as opposed to punished, and commended rather than shamed. Formal laws (rules and regulations) can punish those who abuse alcohol while driving an automobile. The news media can praise a community for achieving a significant decrease in automobile accidents due to alcohol abuse. Employees can be praised and given incentives (gifts, raises, bonus, vacations, commendations, etc.) for the increase in productivity due to the decrease in employee absenteeism (as attributed to alcohol abuse and its related problems). The reputation of executives may be tarnished because productivity has decreased as a result of alcohol misuse by their subordinate employees.

One objective of the delivery system is to promote positive and healthy attitudes about making responsible decisions related to alcohol. For example, a cooperative preventive educational venture between a community and its law enforcement personnel could be organized for positive reinforcement. Positive and healthy attitudes are not a product of punishment.

The service providers and orchestrators will need to give serious thought to reinforcement strategies and incentives when they design the delivery system. It should be recognized that people's decisions about alcohol may change; techniques that reinforce both the decision to abstain and the decision to drink responsibly should be utilized. Positive reinforcement cannot be overemphasized. For every successful task or accomplishment in the delivery plan, some person, organization, agency, state or appropriate community should be commended or reinforced. Much of the success of the delivery system will depend on the myriad of ways to say "well done."

Feedback, Monitoring and Evaluation

Providing an educational service is one form of transmitting information, but the service provider needs feedback to determine the effectiveness of the educa-

tional service. The user, consumer or recipient of the service needs to know how well he or she is doing, as positive feedback is a form of reinforcement essential to learning and sustaining the desired behaviors toward alcohol throughout one's lifetime.

Feedback is a product of communication. Communication methods previously discussed can be used to provide feedback to both the provider and the consumer. Feedback can happen in a variety of ways: the results obtained from opinion polls, written reports from state or community agencies, TV or radio newscasts, group discussions or one-to-one conversations.

Feedback and monitoring go hand-in-hand. The service provider and orchestrator need feedback in order to monitor and evaluate the degree to which responsible decision-making behaviors are being obtained. The orchestrator and provider will want two kinds of evaluative information relative to the effectiveness of the delivery system. Day-to-day (process) information and long-term (summative) information are the two methods of evaluating a delivery system.

Because of the relative newness of prevention services, the monitoring and evaluation of the programs within selected communities should have a high priority. In order to develop effective programs, achieve recognition and support for prevention, and receive adequate funding to continue the programs, prevention efforts must be able to demonstrate both efficiency and effectiveness within a reasonable period of time. Therefore a series of goals, both short- and long-term, has been established by the task force.

The monitoring and evaluation design should address these goals and answer these questions:

- What delivery systems are most likely to evolve from what preexisting social phenomena and externally applied stimuli?
- What desired attitudes and behaviors are most susceptible to change? What produces the most change?
- Which delivery systems/personnel/locations are most effective in bringing about change?
- Do prevention programs produce any measurable benefit?
- Are programs cost effective?
- What skills and training are necessary to equip persons to deliver effective prevention services?
- What impact do prevention services have on intervention and treatment programs?
- What role should state agencies and public, private and volunteer organizations play in assisting communities to deliver prevention services?

In order to accomplish sufficient monitoring and evaluation to provide answers to these types of questions, a behavior systems approach can be used. Such an approach allows for the evaluation according to input, process, context and product categories.

Input data is the assessment of the populations' entering behaviors and characteristics and would involve collecting information on alcohol beverage consumption rates, drinking behavior patterns, cognitive knowledge

scores, alcohol-related arrest rates, requests for treatment, family histories of alcohol misuse and alcoholism, etc. This data would also include information on people's reactions to alcohol that resulted in alcohol use-related harm.

Process data covers everything that is done to reach program objectives and monitors such factors as the type of delivery system used, presentation modes, training techniques, costs of materials, the groups mobilized to deliver services, and efficiency measures.

Context data covers the setting or environmental characteristics such as population ratios, age, sex, weight, income and other demographic characteristics.

Product data includes the assessment of output behaviors as determined by pre- and post-tests and interim progress reports. Factors to be monitored include characteristic attitudes, drinking patterns, alcoholic beverage consumption rates, change in behavioral patterns, change in cognitive knowledge, change in attitudes, etc.

Continued monitoring can contribute substantially to both the efficiency and effectiveness of a prevention effort. It must be remembered, however, that prevention is an ongoing process. Although the variables of any given program may change over a period of time, the prevention effort should never be reduced. Learning to make responsible decisions about life is a never ending challenge. In the absence of well planned and orchestrated prevention programs, many Americans will continue to make poor decisions regarding the use or nonuse of beverage alcohol.

Delivery System Alternatives

A word of warning: There is no way to aporoximate the unlimited delivery system alternatives that might be constructed and employed as part of an alcohol misuse prevention program. Experience, however, has given us some very definite warnings about what not to do. Before selecting or designing any delivery system model, it is important to understand what will not work.

- Do not plan prevention efforts that concentrate on the development of services with little concern about the delivery of those services.
- Do not plan prevention efforts that fail to include a systematic process for coordinating and integrating the delivery system.
- Do not plan prevention efforts that include only a single agency or institution, such as the schools.
- Do not plan prevention efforts that aim exclusively at single issues, such as limiting beverage advertising or age limits.
- Do not plan prevention efforts that are short-term, one-shot attempts.
- Do not plan prevention efforts that assume that there is a single cause for the problem of alcohol misuse.
- Do not plan prevention efforts that fail to offer consistent and reliable information.
- Do not plan prevention efforts that provide only information.
- Do not plan prevention efforts that dramatize consequences and/or rely on scare tactics.

- Do not plan prevention efforts that focus on getting continual agreement at countless meetings, instead of developing action plans for carrying out what was agreed to.

Source of Authority and Function

There are thousands of organizations that deliver services of one kind or another in this country. Many of these organizations are involved in the delivery of human services. Given the range of these organizations, one is confronted with the problems of how to make a choice about the most appropriate organizations for administering and operating human service delivery systems needed to help people reach responsible decisions about alcohol. For this reason, it is necessary to develop a classification system to better understand how human service organizations may lead to the prevention of alcohol misuse.

There are three basic kinds of organizations that have potential for involvement in an ongoing prevention program:

Public or Governmental Agencies: usually responsible for the regulation of sale, manufacture and distribution of alcoholic beverages. In a number of cases, there are also governmental agencies that supply direct human services, such as health or educational agencies.

Private Organizations: normally governed by profit considerations. Private organizations are generally responsible for the actual production, distribution and sale of goods and services.

Voluntary Organizations: usually work as motivators of other organizations. Volunteer organizations include professional, health, trade, civic and religious agencies that work as pressure groups to encourage private and governmental organizations to act in a certain desired manner. Volunteer organizations, such as councils on alcoholism, occasionally act directly in the delivery of human services.

Organizations may be classified by source (public, private, volunteer) and by functional activity (producer of goods, producer of services). They may also be classified by a geographical or constituency domain. For example, an organization might function on a national, state or local level; or it might deliver its services or goods to a very specific constituency such as veterans, school teachers or the chronically ill.

Establishing a framework for viewing the many types of organizations that exist helps to make it possible to identify and involve organizations that might contribute to an ongoing program for preventing alcohol misuse. Figure 3 is offered as an example of how a number of organizations would be classified.

It should become apparent that no one organization has exclusive claim over efforts to bring about a society in which persons make responsible decisions about alcohol. It may be a goal of the system (the network of organizations involved with alcohol-related problems) to achieve such a society, but no single organization can bring about that goal. Because of the different types of organizations and different service emphases among organizations, it becomes necessary for each organization to look for its most effec-

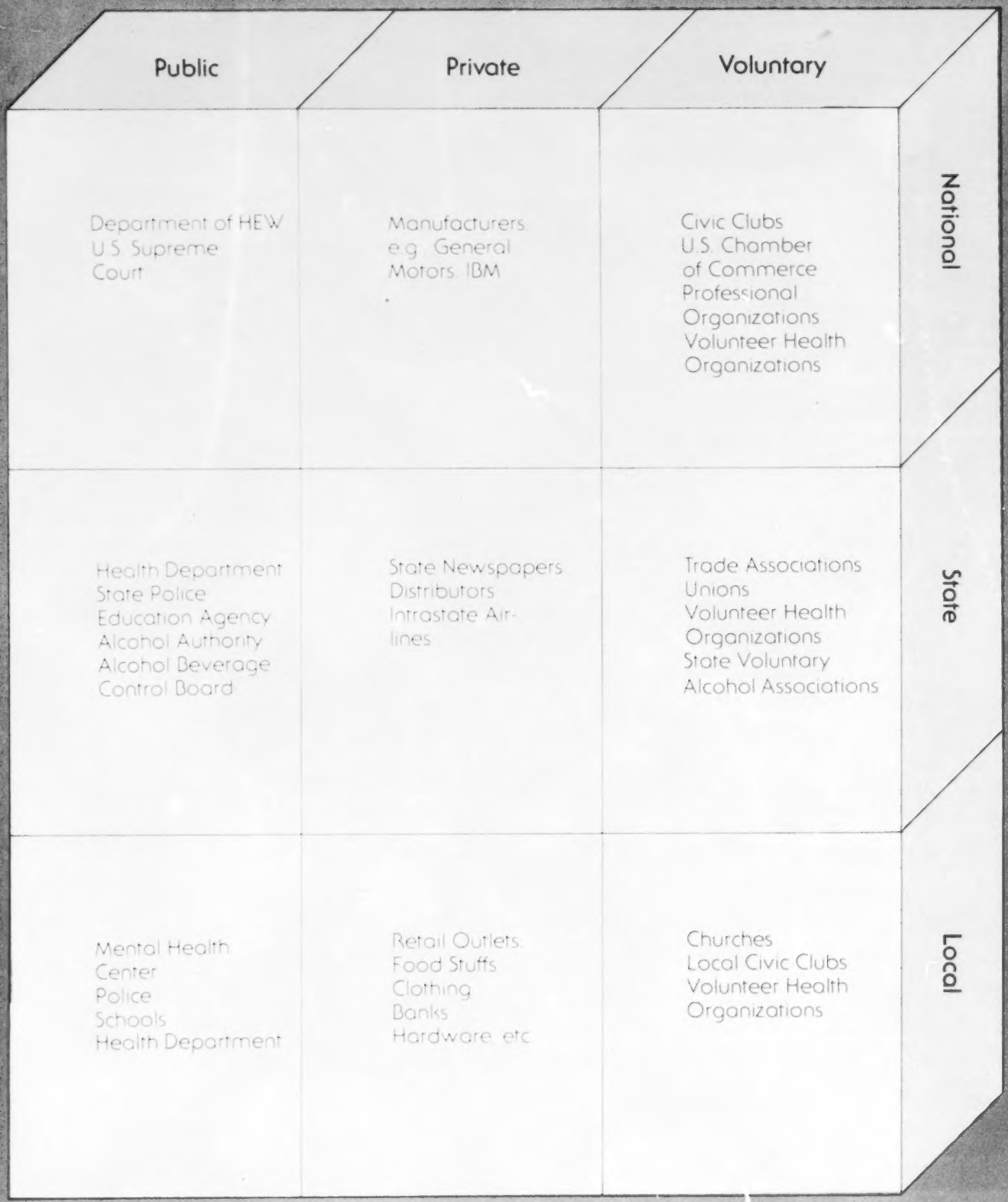


Figure 3

Classes of Organizations*

*The above are illustrations and are not all-inclusive.

tive role in the system. For example, one goal of the system may be to encourage people to drink responsibly (if they choose to drink) by teaching people to eat food whenever alcohol is consumed; but it may be the goal of the public agency to make sure that food is served whenever alcohol is consumed. A goal of private corporations may be to develop or merchandise a line of foods that would be compatible with alcoholic beverages. A goal of a voluntary agency might be to educate the public to consume foods whenever alcohol is consumed. Therefore, each organization has its own particular goal (or subgoal) within the goal of the total system. An essential ingredient in achieving success will be to encourage each organization to cooperate fully in working for common goals.

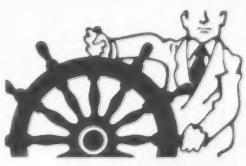
The broad goal of such an effort should be to encourage moderate drinking practices for those who choose to drink. Without such moderation, the effects of alcohol on the human system will be only minimally affected even if food is consumed while drinking.

Some Rules for Making Organizational Choices

In the area of preventing alcohol misuse, there are many organizational alternatives. Obviously, not all organizations have been created to meet the needs of all the diverse consumer groups. There are some rules, however, that will help in making good decisions about organizational choices.

One good rule in the selection of organizations is to choose groups that have natural access to certain audiences. Just as organizations have different functions or roles to play in delivering services, so do organizations have different constituencies or population groups that are associated with those organizations. For example, a voluntary group such as a trade union serves persons in their roles as steelworkers, truckers, electricians, plumbers, etc., while another voluntary group such as a health agency serves persons in their roles as patients or former patients who have had certain kinds of illnesses. The fact that organizations do have different population groups is reason enough to go through an organization that is known to be associated with these population groups to reach a goal. To use natural access or natural communication channels demands a careful consideration of which audience targets are to be met and what their natural groupings are. Programs then flow creatively through such channels rather than being forced through unnatural and cumbersome organizational choices.

Internal Control



In talking about organizations that may be involved in an alcohol abuse prevention program, we have already viewed these organizations by type. The manner in which a delivery system is ad-

ministered is also important because of its effect on the ability of the organization to deliver services efficiently and effectively. Thus, organizations may also be viewed along another dimension — that of internal control.

Internal control can be either centralized or decentralized. When an organization retains most of the decision-making in the central office, such as program direction, hiring level, funding, location of offices, and so forth, it is a centralized organization. When decisions about these and other matters are delegated down and throughout the organization, it is decentralized. An example of a centralized alcohol program would be one in which the central office designs programs, hires staff and directs and controls all efforts throughout the state. All employees would be direct employees of the state and under the command of the head of the state program. There would be a minimum of grants or contracts with other groups or agencies, and program execution at all levels would be tightly controlled by the agency. There are advantages to a centralized program. All efforts are directed to a single set of goals; proliferation of goals can occur only if it is the chosen course of the agency. Uniformity of programs and personnel conduct across the state is high; thus, persons/audiences in one part of the state are likely to receive the same services as their counterparts in another part. Populations that are mobile geographically are more likely to continue to receive the same type of services.

Among the disadvantages of centralized organization is a tendency for people to follow the rules for the rules' sake rather than for what they were originally intended to accomplish. The centralized organization's uniformity may also translate into inability to change or adapt to local needs and problems. The agency that has the form that must be filled out, no matter how impertinent it is to the situation, is a too familiar experience. Centralized organizations also pay wages and set employee standards that may be at variance with local customs and may cause varying degrees of disharmony. Sometimes, the wages are higher and sometimes lower; but because of agency-wide standardization, change is usually prohibited.

At the other end of the continuum, the decentralized organization divides the tasks among local groups who handle the general problem(s) from their own perspective. This approach involves disbursing funds (usually block grants) to a locality and then leaving them alone as much as possible. Programs are designed at the local level, and employees serve a local board. The local agency may be a new organization or may be an existing one such as city or county administration or local charitable organization.

Among the advantages of a decentralized approach is the high likelihood of programs designed to meet local needs. Since programs are under local control, they are more easily and quickly adapted to meet local needs and more likely to hire local people and thus persons who appreciate local dif-

ferences and preferences. Change and response time is usually less since multiple bureaucratic layers are less likely to exist.

The disadvantages of a decentralized approach are related to the advantages gained through centralization. Using decentralized strategies, programs across a state have a tendency to be fragmented; and persons moving from one area to another may get inconsistent messages. Some topics that require scarce and expensive personnel may get scant or incorrect handling in many areas because adequate expertise is not available in all areas.

All in all, the continuum from centralization to decentralization is one on which costs and benefits exist at any point but the mix is different. Like constructing a house, decisions must be made in terms of the existing ecology and the needs and expectations of the consumers.

Conclusion

There are thousands of organizations that deliver services. Many of these provide human services, such as programs for the prevention of alcohol-related problems. Many issues have been raised in this document for consideration in developing preventive educational service delivery systems.

The examples that follow are summaries of alternative administrative structures that might appropriately orchestrate the planning, delivery and monitoring of prevention services. There are, no doubt, many more that states and communities could develop to initiate change in public policy, personal attitudes and behaviors.

MODEL:

Local/City/County Government as Orchestrator

Proper attitudes and behavior toward the use or nonuse of alcohol, though partially learned in private, must be manifested socially. To insure that the behaviors are continuous rather than irregular and temporary, local support structures or reference groups must be developed. In both rural and urban areas, the mayor or city manager, county executives and/or county council provide a very usable structure for the development of local support groups.

In this model, it is assumed that funds are made available through either local revenue, state or federal block grants. Reporting and monitoring is required, but basic program directions are left to the local level. The governmental structure of counties, cities and towns is required to address most but not all of the behaviors and may or may not choose to subcontract with other public or private groups.

MODEL:

State Prevention Committee (or Its Equivalent) as Orchestrator

In this model, a State Prevention Committee (SPC), consisting of the State Alcoholism Authority (SAA), the State Education Agency (SEA), the Alcohol Beverage Control Agency (ABC) and State Voluntary Alcoholism Councils (SVAC), has the primary responsibility for initiating, designing, implementing and monitoring the state and community delivery systems. A layered approach, which has both centralized and decentralized administrative structure characteristics, is employed: the SPC has primary statewide responsibility; corresponding regional and community agencies have primary responsibility for the program within their geographic area of service.

It is assumed that the SPC acts as a facilitator and coordinator. Each agency concentrates on a particular area: SEA on the school system, including colleges and universities; SAA on educational services outside the school system; ABC on legal considerations; and SVAC on constituency involvement at the state and community levels to provide support for these efforts. The role of the SPC is to orient, motivate, provide technical assistance and training, develop and disseminate programs, coordinate, monitor and evaluate the results. The community has both the responsibility and the privilege of planning its own services and measuring its results. Such a layered approach calls for effective communication throughout the systems, providing increased understanding between groups and agencies specializing in different fields, and providing the highest saturation within a single field. In order to provide a central contact point and to assure coordination and communication, it is recommended that the committee agree to have one of the agencies chair the SPC and thus function as the lead agency for state prevention services.

MODEL:

Interagency Council of a Governor's Office as Orchestrator

A governor is the chief executive and administrative officer of a state and, as chief administrative officer, is responsible for numerous programs that deliver services to its citizens. Often these programs are so numerous and widespread that special interagency councils are created so that programs will not be duplicated and that gaps among programs might be discovered. The social welfare field is normally one in which interagency councils are created because social programs take place among many state government agencies, e.g., health department, education department, mental health and mental retardation departments, etc. A problem such as alcohol abuse is the concern of many agencies since such a problem may be viewed in a number of ways. For example, persons who drink and drive are a danger to themselves and other persons on the highway; therefore, this aspect of the alcohol problem is of special concern to those agencies responsible for highway safety (highway patrol, department of public safety, etc.). Persons who drink to escape

the problems of daily living are a threat to the stability of their families; therefore, this aspect of the alcohol program is of special concern to those agencies responsible for the welfare of society (welfare department, social services department, etc.). Because of the many aspects of alcohol abuse, it is a problem that does not lend itself to the exclusive domain of any one agency. A state interagency council, therefore, is one means for approaching the alcohol abuse problem in a more comprehensive manner to insure that various departmental programs are working together rather than at cross purposes.

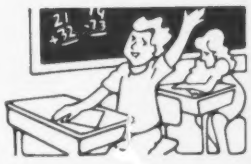
In this model, it is assumed that the source of revenue is federal-state funds and that the governor's office has the heads of the state health, welfare, education and public safety agencies designate an assistant reporting to the agency commissioner to act as a member of the state interagency council on alcohol abuse prevention. The council establishes a secretariat to provide continuity and meets bimonthly. The secretariat receives state funds and hires area coordinators to assist local area offices of the involved state agencies to create and implement alcoholism prevention efforts. Though the council receives all prevention funds, only 10 percent are spent by the activities of the council and secretariat. The remaining 90 percent are contracted competitively to the participating state agencies.

MODEL:
Local Communities as Orchestrator

Communities have the capability to identify their needs for the prevention of alcohol-related problems. They can develop a plan to identify responsible behaviors about alcohol and to bring about the change necessary for attaining those behaviors through specified problem-solving techniques.

In this model, a modified decentralized administrative structure is created at the community level. Communities have responsibility for the design, implementation and evaluation of their prevention plan. Local councils on alcoholism could be of great assistance here.

MODEL:
School System as Orchestrator; Parents and the Local Communities Provide Support



Since 1970, 26 states have lowered the legal age for drinking alcoholic beverages. Accompanying this legality should have been guidelines (a kind of "etiquette" of societal expectations about the responsible nonuse or use of alcohol).

In this model, the school system, with support from the private sector, the home and the community, provides these guidelines. It provides opportunities for transmitting the desired crucial services that can result in the prevention of alcohol-related problems. Young people who are approaching this decision-making age can acquire information, examine attitudes and develop skills. This resource group can then be utilized to design programs for age groups 5-18.

MODEL:
Religious Organizations as Orchestrator; Community Agencies and Organizations Provide Support

Religious entities are one of the principal institutions to which families turn for personal growth and in times of personal crisis. Religious leaders are often influential leaders in their communities.

In this model, this shared perspective will form the basis for joint action by religious organizations and clergy committees of councils on alcoholism to reduce the incidence of alcohol-related problems in the community through expanded involvement in the delivery of important social services that are prevention oriented.

MODEL:
Private Sector (Business/Industry) as Orchestrator

The private sector is often better able to perform certain functions for government than government can do for itself. For example, if a given community has large numbers of workers prone to consume large quantities of alcohol at neighborhood taverns after work, a governmental body may not be the most appropriate way to reach this population group. Rather, a grant could be provided to a state-level union and to a trade or industry association. These two entities could then develop programs through local unions and management at each work site.

In this model, state government contracts with the private sector, both industry and labor, to deliver services to their employees regarding alcohol abuse prevention. Voluntary health agencies might also be involved in this process.

MODEL:
Alcohol Safety Action Project as Orchestrator; a Citizens Advisory Committee at the Local Level, State Agencies and Private Industry Provide Support

Because a substantial percentage of the nation's traffic fatalities are alcohol related, thoughtful people from many walks of life want to do something to reduce this tragic toll by preventing such accidents from happening. Also, fatalities are just one part of the picture. Serious injuries often reduce accident survivors to years of continuing problems, and property damage tolls are mind-boggling.

Drivers do not know many facts about alcohol; myths abound. It is also clear that people need to learn how to get in touch with their own feelings and emotions. This self-awareness can contribute immeasurably to driving safety. First of all, however, a strong element of motivation has to be present in order to get people concerned about their driving habits as they relate to alcohol.

This proposal suggests an experimental model of primary prevention (i.e., attempting to stop drinking-while-intoxicated behavior **before** it occurs). The investigation can be accomplished in part by requiring prospective drivers applying for their original operators' licenses or those seeking renewals (the strong individual motivating factor being receiving a license) to complete a home study course orchestrated by an Alcohol Safety Action Project. Others to be involved include a citizens alcohol safety advisory committee, highway safety and perhaps the alcohol beverage industries and insurance companies.

MODEL:
Alcohol Safety Action Project as Orchestrator; Volunteer Groups Provide Support

Public schools have increasingly employed trained counselors as regular staff members over the past two decades. From an operational standpoint, however, these professionals have very little time to counsel any but the most seriously disturbed students.

In this model, several alternative suggestions are advanced for tapping the unused or underutilized skills of existing school counselor positions or for substituting other viable choices of leadership in a pilot program. The goal is to design esteem-building "rap sessions" for children as young as third and fourth graders through high school-aged adolescents. The orchestrator (which is not the school district) has considerable assistance from the PTA and the Jaycees. The concept will have to be sold to school administrators and their boards, who possibly may view the notion as being disruptive of routines that are well established, an unnecessary diversion of staff time, or an incursion by outsiders into matters which should best be generated from within the educational institution. Perhaps, on the other hand, fears can be surfaced and allayed with the reminder that the mutual goal of all persons concerned is to maximize human potentialities — beginning with children at ages when they first start seriously asking, "Who am I?" — and that the total educational system can contribute to the achievement of this goal.

MODEL:
Local-Level Educational Influences as Orchestrator, Working in Cooperation with a State-Level Commission

Recognizing that the educational process occurs in a variety of settings and through a host of influences, the purpose of this model is to utilize these influences at the state level for its initial planning for primary prevention. The governor appoints a state-level commission or task force that is representative of local community educational influences in the state. Its membership and goals are similar to those of the ECS Task Force on Responsible Decisions About Alcohol.

This commission, provided with technical assistance by ECS staff, develops a blueprint for implementation — a delivery system that is consistent with the recommendations of the ECS task force. Input is continually solicited from the local communities. The state commission then assigns administrative responsibility to its members' counterparts at the local level to implement the plan and adapt it to local needs.

Such a model would achieve two major objectives:

1. Increased awareness of local needs and options for meeting those needs by state-level educational influences, and
2. An opportunity for ECS and its task force members to gather data on the effectiveness of its recommendations and to share the progress of local community demonstration efforts with other members of the ECS constituency.

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SUPPORTIVE INFORMATION FOR IMPLEMENTING THE RECOMMENDATIONS OF THE TASK FORCE IS AVAILABLE.

A technical document describing, in greater detail, the contents of Booklet III of this final report may be obtained from the Education Commission of the States. This technical document further describes the delivery system elements and can be helpful to states and communities in planning, developing and implementing delivery systems for the prevention of alcohol-related problems. Included are several complete delivery system models from which the administrative structures described at the end of Booklet III were abstracted.

Please send a check or money order for $5.00 (includes postage and handling charges) for each copy to the **Education Commission of the States Task Force on Responsible Decisions About Alcohol, 1860 Lincoln Street, Suite 300, Denver, Colorado 80295.**

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JOHN WEST